

<i>SERFF Tracking Number:</i>	<i>SEPX-125372244</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Dairyland Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA AR0770254F01</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0003 Recreational Vehicle</i>
<i>Product Name:</i>	<i>Dairyland Recreational Vehicle Policy</i>		
<i>Project Name/Number:</i>	<i>AR DRP Introduction/PA AR0770254F01</i>		

## Filing at a Glance

Company: Dairyland Insurance Company

Product Name: Dairyland Recreational Vehicle    SERFF Tr Num: SEPX-125372244    State: Arkansas  
Policy

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 19.0003 Recreational Vehicle

Co Tr Num: PA AR0770254F01

State Status: Fees verified and  
received

Filing Type: Form

Co Status:

Reviewer(s): Alexa Grissom, Betty  
Montesi, Brittany Yielding

Author: SPI SentryInsurancePC

Disposition Date: 01/10/2008

Date Submitted: 11/29/2007

Disposition Status: Approved

Effective Date Requested (New): 01/28/2008

Effective Date (New): 02/25/2008

Effective Date Requested (Renewal): 11/29/2007

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: AR DRP Introduction

Project Number: PA AR0770254F01

Status of Filing in Domicile: Authorized

Domicile Status Comments: Filed and approved  
in WI and various other states

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/10/2008

State Status Changed: 01/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

November 29, 2007

We are introducing, with this filing, an entirely new recreational vehicle program to be underwritten by Dairyland Insurance Company.

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The Recreational Vehicle Program is modeled after our existing motorcycle program. The program consists of a "Classic Program" rating methodology. The Classic program uses traditional rating methodologies that does not include the use of credit.

The policy has been developed to offer a wide variety of coverage to All Terrain Vehicles, trail bikes, snowmobiles, boats and personal watercraft. However, at this time, due to system limitations, we will initially write only ATV's, trail bikes and recreational vehicle trailers. This fact has been pointed out in the rate manual, as well. As we expand system capabilities, additional sections of the manual will be added to address the additional recreational vehicle types that we write.

Because of the nature of recreational vehicles and the alarming number of injuries and deaths associated with untrained and underage operators, the policy is targeted to cover those operators who can legally operate the vehicle in question. Protection is afforded to permissive operators when appropriate. Reminders that the customer should check local or state laws regulating the operation of these vehicles are prominently displayed on the application, the declarations page and billing notices.

Our research indicates that off-road vehicles are not subject to the typical insurance laws that govern motor vehicles that are licensed for road use, particularly laws associated with uninsured motorist coverage and underinsured motorist coverage. We have designed the coverage in the new program to provide maximum protection.

We have also streamlined the process by which an insured can select or reject coverage. A portion of the application not only discloses our practices with respect to obtaining consumer reports, but describes all of the coverage options that are available to the insured. A blanket statement confirms that the insured was offered the coverage, and that the coverage appearing on the declarations page are the ones that the insured selected. This avoids us having to chase selection/rejection forms and increasing limits or adding coverage when these forms are not received and increases the chance that the insured is more aware of what they are purchasing.

The forms that we are utilizing with this program are included for your review. The forms are as follows:

5480.00-800-0607 Plain Talk® Recreational Vehicle Policy

5480.00-801-0107 Replacement Cost Endorsement

5480.00-803-0107 Loss Payable Endorsement

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5480.00-804-0107 Physical Damage Plus Endorsement

5840.AR-805-0108 Amendatory Endorsement

5480.00-806-0107 Submersion Coverage For Your Off Road Vehicle

5480.00-807-0107 Excursion Diversion Endorsement

5480.00-556R-1007 Long Form Cancellation

5480.00-557R-1007 Long Form Non-renewal

5480.AR-508WEB-0108 Recreational Vehicle Application

5480.00-819-0107-A1, B & C - Cancellation Declarations Page

5480.00-819-0107-A, B & C - Standard New Business & Renewal Declaration without counter Signature

5480.00-819-0107-A, B4, B5, B6 - Standard New Business & Renewal Declaration with counter signature.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact me.

Thank you,

Cheryl Kizewski

Compliance/Development Sr. Analyst

## Company and Contact

### Filing Contact Information

Cheryl Kizewski, Product	cheryl.kizewski@sentry.com
Compliance/Development - Analyst	
1800 North Point Drive	(715) 346-8136 [Phone]
Stevens Point, WI 54481	(715) 346-6044[FAX]

### Filing Company Information

Dairyland Insurance Company	CoCode: 21164	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance	State ID Number:
	Group	
(715) 346-6000 ext. [Phone]	FEIN Number: 39-1047310	
	-----	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Dairyland Insurance Company	\$50.00	11/29/2007	16876445

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	01/10/2008	01/10/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Alexa Grissom	12/13/2007	12/13/2007	SPI SentryInsurancePC	12/28/2007	12/28/2007

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Change in effective date.	Note To Reviewer	SPI SentryInsurancePC	01/22/2008	01/22/2008

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## Disposition

Disposition Date: 01/10/2008

Effective Date (New): 02/25/2008

Effective Date (Renewal):

- Effective Date (New) changed from 01/28/2008 to 02/25/2008 by Grissom, Alexa on 01/29/2008.

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - REG 29 - CERT OF COMPLIANCE	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Form (revised)	Amendatory Endorsement - DRP - AR	Approved	Yes
Form	Amendatory Endorsement - DRP - AR	Approved	Yes
Form	Plain Talk Recreational Vehicle Policy	Approved	Yes
Form	Replacement Cost Endorsement	Approved	Yes
Form	Loss Payable Endorsement	Approved	Yes
Form	Physical Damage Plus Endorsement	Approved	Yes
Form	Submersion Coverage For Your Off Road Vehicle Endorsement	Approved	Yes
Form	Excursion Diversion Endorsement	Approved	Yes
Form	Cancellation Declaration Page	Approved	Yes
Form	Long Form Cancellation	Approved	Yes
Form	Nonrenewal Long Form	Approved	Yes
Form	Recreational Vehicle Insurance Application	Approved	Yes
Form	Cancellation Declation Page	Approved	Yes
Form	STD NB & REN Dec Without Countersignature	Approved	Yes
Form	Std NB & Ren dec with counter signatures	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 12/13/2007  
Submitted Date 12/13/2007  
Respond By Date

Dear Cheryl Kizewski,

This will acknowledge receipt of the captioned filing. The filing must be amended to comply with Bulletin NO. 19-89. Arbitration must be voluntary and non-binding. Additionally, 20 days must be given to allow for reporting a vehicle to the company. Lastly, if vehicles licensed for road use will be insured by the submitted policy, you must comply with Ark. Code Ann. 23-89-403(C)(i).

If I may be of assistance, please advise.

Sincerely

Alexa B. Grissom

Please feel free to contact me if you have questions.

Sincerely,  
Alexa Grissom

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/28/2007  
Submitted Date 12/28/2007

Dear Alexa Grissom,

**Comments:**  
12-28-2007

RE: Response to Objections raised 12-13-2007



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Dear Alexa B. Grissom:

## Response 1

Comments: Objection 1 Response:

Per your request, our amendatory endorsement, 5480.AR-805-0108, has been changed. To comply with Bulletin No. 19-89, the section regarding arbitration has been changed to read:

Under UNINSURED OPERATOR INSURANCE, the section labeled Arbitration is replaced with the following:

If we and you, or your legal representative don't agree on the legal responsibility of the uninsured motorist to pay your damages or the amount of the damages, then upon the consent of both parties, the disagreement will be settled by arbitration.

Arbitration will take place in the county where you live. It will be conducted under the rules of the American Arbitration Association unless we and you or your legal representative objects. In that case, you will select one arbitrator and we will select another. The two selected arbitrators will select a third. If the two arbitrators are unable to agree on a third arbitrator within 30 days, the judge of the court of record in the county of jurisdiction where arbitration is pending will appoint a third arbitrator.

Any decision of the arbitrators will not be binding on either party.

You will pay the arbitrator you choose, and we will pay the arbitrator we choose. The expenses of the third arbitrator and all other expenses will be shared equally by you and us.

Objection 2 Response:

To comply with the requirements you've stated regarding adding vehicles to a policy, the following has been added:

Under RECREATIONAL VEHICLES WE INSURE, within the Your Recreational Vehicles section, the sentence beginning "However, the replacement or addition is..." is replaced with:

However, the replacement or addition is insured, subject to any restrictions contained in this policy, only if you notify us within 20 days of its acquisition and no other insurance applies.

Objection 3 Response:

With regards to whether we cover vehicles that are licensed for road use, our policy is designed to cover off-road vehicles. Please refer to the Definition section of the policy, the definition states "An All Terrain Vehicle is a motorized vehicle with at least four wheels or independent treads, specifically manufactured as an all terrain vehicle (ATV), Recreational Utility Vehicle (RTV) or Utility Vehicle (UTV), designed for use primarily off public roads and has not been

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 licensed for use on public roads."

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Amendatory Endorsement - DRP - AR	5480.AR- 805-0108	0108	Endorsement/Amendment/Conditions	New		50	5480_AR-805-0108.PDF
<b>Previous Version</b>							
Amendatory Endorsement - DRP - AR	5480.AR- 805-0108	0108	Endorsement/Amendment/Conditions	New		50	5480_AR-805-0108.PDF

No Rate/Rule Schedule items changed.

I trust with the above corrections, our filing will be approved. Thank you for your assistance.

Thank you,  
 Cheryl Kizewski

Sincerely,  
 SPI SentryInsurancePC

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<i>Product Name:</i>	<i>Dairyland Recreational Vehicle Policy</i>		
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**Note To Reviewer**

**Created By:**

SPI SentryInsurancePC on 01/22/2008 01:17 PM

**Subject:**

Change in effective date.

**Comments:**

Due to system constraints, we will not be able to begin this program until 02/25/2008. When we filed the program, we initially requested 01/28/2008 for the effective date. Please note the change to 02/25/2008.

Thank you,  
Cheryl Kizewski  
715-346-8136

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendatory Endorsement - DRP - AR	5480.AR-805-0108	0108	Endorsement/Amendment/Conditions		49.70	5480_AR-805-0108.PDF
Approved	Plain Talk Recreational Vehicle Policy	5480.00-800-0607	06/07	Endorsement/Amendment/Conditions		45.40	5480_00-800-0607.PDF
Approved	Replacement Cost Endorsement	5480.00-801-0107	01/07	Endorsement/Amendment/Conditions		49.90	5480_00-801-0107.PDF
Approved	Loss Payable Endorsement	5480.00-803-0107	01/07	Endorsement/Amendment/Conditions		56.80	5480_00-803-0107.PDF
Approved	Physical Damage Plus Endorsement	5480.00-804-0107	01/07	Endorsement/Amendment/Conditions		61.80	5480_00-804-0107.PDF
Approved	Submersion Coverage For Your Off Road Vehicle Endorsement	5480.00-806-0107	01/07	Endorsement/Amendment/Conditions		49.00	5480_00-806-0107.PDF
Approved	Excursion Diversion Endorsement	5480.00-807-0107	01/07	Endorsement/Amendment/Conditions		47.40	5480_00-807-0107.PDF
Approved	Cancellation Declaration Page A1	5480.00-819-0107-A1	01/07	Declaration New s/Schedule		0.00	5480_00-819-0107-A1.PDF
Approved	Long Form	5480.00-	10/07	Canc/NonR New		0.00	5480_00-

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	Cancellation	556R- 1007	en Notice		556R- 1007.PDF
Approved	Nonrenewal Long Form	5480.00- 557R- 1007	10/07 Canc/NonR New en Notice	0.00	5480_00- 557R- 1007.PDF
Approved	Recreational Vehicle Insurance Application	5480.AR- 508WEB(01/08)	01/08 Application/ New Binder/Enrollment	0.00	5480_AR- 508WEB(01_08).PDF
Approved	Cancellation Declaration Page	5480.00- 819-0107-A1, B & C	0107 Declaration New s/Schedule	0.00	5480_00- 819-0107-A1, B & C.PDF
Approved	STD NB & REN Dec Without Countersignature	5480.00- 819-0107-A, B & C	0107 Declaration New s/Schedule	0.00	5480_00- 819-0107-A, B & C.PDF
Approved	Std NB & Ren dec with counter signatures	5480.00- 819-0107-A, B4, B5, B6	0107 Declaration New s/Schedule	0.00	5480_00- 819-0107-A, B4, B5, B6.PDF



## Amendatory Endorsement - Recreational Vehicle Arkansas

This endorsement modifies *your* policy as follows:

Under **Definitions**, the following is added:

**Punitive or exemplary damages** are those which are imposed to punish a wrongdoer and to deter others from similar conduct.

Under **RECREATIONAL VEHICLES WE INSURE**, within the **Your Recreational Vehicles** section, the sentence beginning "However, the replacement or addition is ..." is replaced with:

However, the replacement or addition is insured, subject to any restrictions contained in this policy, only if *you* notify us within 20 days of its acquisition and no other insurance applies.

Under **LIABILITY INSURANCE**, the following is added under the **Those Not Protected** section:

The liability insurance of this policy doesn't apply to bodily injuries or property damage suffered by the person named on the declarations page, or to anyone who is a member of the family of the person named on the declarations page and who lives with that person.

The liability insurance of this policy doesn't apply to bodily injuries or property damage suffered by any person using the insured *recreational vehicle* with *your* permission, or to anyone who is a member of the family of that person and who lives with that person.

Under **LIABILITY INSURANCE**, the following paragraph is added to the **Bodily Injury Not Covered By This Insurance** section of the policy:

This insurance doesn't cover bodily injury resulting from *your* intentional acts.

Under **UNINSURED OPERATOR INSURANCE**, the section labeled **Those Not Protected** is replaced with the following:

### **Those Not Protected**

Anyone *occupying your recreational vehicle* while it's hired or rented to others for a charge isn't protected by this insurance. This exclusion also applies to *you*.

Anyone *occupying a recreational vehicle you* are driving while it's available for hire by the public isn't protected by this insurance. This exclusion also applies to *you*.

Anyone *occupying your recreational vehicle* when the *recreational vehicle* is operated or used in connection with any criminal activity isn't protected by this insurance. This exclusion also applies to *you*.

Anyone *occupying a recreational vehicle* owned or leased by *you* or furnished or available for *your* regular use and not insured under this insurance isn't protected by this insurance. This exclusion also applies to *you*.

Under **UNINSURED OPERATOR INSURANCE**, the following paragraph is added to the **Trust Agreement** section of the policy:

We will be entitled to recover under this section only after *you* and anyone we protect have been fully compensated for *damages*.

Under **UNINSURED OPERATOR INSURANCE**, the section labeled **Arbitration** is replaced with the following:

If we and *you*, or *your* legal representative don't agree on the legal responsibility of the uninsured motorist to pay *your* damages or the amount of the damages, then upon the consent of both parties, the disagreement will be settled by arbitration.

Arbitration will take place in the county where *you* live. It will be conducted under the rules of the American Arbitration Association unless we and *you* or *your* legal representative objects. In that case, *you* will select one arbitrator and we will select another. The two selected arbitrators will select a third. If the two arbitrators are

unable to agree on a third arbitrator within 30 days, the judge of the court of record in the county of jurisdiction where arbitration is pending will appoint a third arbitrator.

Any decision of the arbitrators will not be binding on either party.

*You* will pay the arbitrator *you* choose, and we will pay the arbitrator we choose. The expenses of the third arbitrator and all other expenses will be shared equally by *you* and us.

Under **GENERAL POLICY PROVISIONS**, the following sentence is added to the **Our Right To Recover From Others** section:

We will be entitled to recovery under this section only after *you* and anyone we protect have been fully compensated for damages.

Under **GENERAL POLICY PROVISIONS**, within **Cancellation During The Policy Period** section, the paragraphs labeled "Cancellation For Other Reasons" are replaced with the following:

**Cancellation For Other Reasons**

We have 60 days from the effective date of the policy, if it is not a renewal or continuation policy, to take action to cancel for any reason. We must notify the person named in the declarations at least 20 days before the date cancellation takes effect.

After a new policy has been in effect for 60 days or if this policy is a renewal with us, our right to cancel is limited. We may then cancel by giving the person named in the declarations at least 20 days notice before the date cancellation is to be effective.

Under **GENERAL POLICY PROVISIONS**, within the **Renewal Provision** section, the paragraph beginning with "This policy may be renewed..." is replaced with the following:

This policy may be renewed by mutual consent. When we consent to renew this policy, we will mail a renewal offer to the person named in the declarations at the address shown in the declarations, at least 30 days in advance of the renewal date. *You* must pay the renewal premium in advance, or, if *you* have selected a time payment plan, *you* must pay the required down payment in advance. *Your* policy will expire if we don't receive the required payment by the renewal date.





**DAIRYLAND<sup>®</sup>**  
INSURANCE COMPANY

Member of the Sentry Insurance Group

# Plain Talk<sup>®</sup>

## RECREATIONAL VEHICLE POLICY

### YOUR POLICY AT A GLANCE

Page no

- 2 **Definitions**
- 2 **INSURING AGREEMENT**
- 3 **RECREATIONAL VEHICLES WE INSURE**
  - Your Recreational Vehicles
  - Substitute Recreational Vehicles
  - Other Recreational Vehicles
  - Recreational Vehicle Trailers
- 3 **WHAT TO DO WHEN AN ACCIDENT OR LOSS HAPPENS**
- 3 **LIABILITY INSURANCE** provides *you* with protection for *accidents*. Under this insurance, we owe *you* certain obligations, including the obligation to pay damages that might result from *your* ownership, maintenance or use of *recreational vehicles*.
  - Our Promise To You
  - Additional Benefits
  - Protection For Others
  - Those Not Protected
  - Excluded Uses Of Recreational Vehicles
  - Bodily Injury Not Covered By This Insurance
  - Property Damage Not Covered By This Insurance
  - Limits Of Liability
  - Financial Responsibility Laws
- 5 **MEDICAL EXPENSE INSURANCE** pays for *your* medical expenses incurred within the three years following an *accident*, no matter who is at fault.
  - Our Promises To You
  - Protection For Others
  - Those Not Protected
  - Medical Expenses Covered By This Insurance
  - Medical Expenses Not Covered By This Insurance
  - Payment Of Benefits
  - Limits Of Medical Expense Insurance
- 6 **UNINSURED OPERATOR INSURANCE** provides protection for *your* bodily injury caused by operators of certain *recreational vehicles* or *motor vehicles* who don't have insurance, or don't have enough insurance
  - Our Promises To You
  - Protection For Others
  - Those Not Protected
  - Uninsured Boats, Personal Watercraft or Motor Vehicles
  - Excluded Uninsured Boats, Personal Watercraft or Motor Vehicles
  - Bodily Injury Not Covered By This Insurance
- Payment Of Damages
- Trust Agreement
- Arbitration
- Limits of Uninsured Operator Insurance
- 8 **COLLISION INSURANCE** pays *you* when *your recreational vehicle* is damaged when hit by another *recreational vehicle* or *motor vehicle* or it hits another object or rolls over
  - Our Promises To You
- 8 **COMPREHENSIVE INSURANCE** pays *you* for accidental losses not caused by collision
  - Our Promises To You
- 8 **Additional Benefits - Collision And Comprehensive Insurance**
- 9 **Excluded Uses Of Recreational Vehicles - Collision And Comprehensive Insurance**
- 9 **Losses Not Covered By Collision Or Comprehensive Insurance**
- 10 **Payment Of Loss - Collision Or Comprehensive Insurance**
- 10 **Limits Of Payment - Collision And Comprehensive Insurance**
- 10 **TOWING AND SERVICE** pays for costs incurred when *your recreational vehicle* becomes disabled
  - Our Promise To You
  - Limits Of Towing and Service
- 10 **RENTAL REIMBURSEMENT INSURANCE** pays for the cost for substitute *recreational vehicles* or *recreational vehicle trailers* which have been disabled due to a loss covered by the policy
  - Our Promise To You
  - Limits Of Rental Reimbursement
- 11 **GENERAL POLICY PROVISIONS** contain general rights and obligations *you* and we have under the policy
  - Our Right To Recover From Others
  - Transfer Of This Policy
  - Changes In Your Policy
  - Territory
  - Cancellation During The Policy Period
    - Your Right To Cancel
    - Our Right To Cancel
      - Cancellation For Nonpayment
      - Cancellation For Other Reasons
    - Premium Refund
  - Renewal Provision
  - Out-Of-State Insurance
  - Fraud
  - Other Insurance
  - Bankruptcy

## Definitions

The terms that are defined below are in *italics* when they appear in the text of this policy.

An **accident** is an unexpected and unintended event that causes bodily injury or *property damage* or loss and arises out of the ownership, maintenance or use of a *recreational vehicle* or *recreational vehicle trailer*.

An **All Terrain Vehicle** is a motorized vehicle with at least four wheels or independent treads, specifically manufactured as an all terrain vehicle (ATV), Recreational Utility Vehicle (RTV) or Utility Vehicle (UTV), designed for use primarily off public roads and has not been licensed for use on public roads.

**Boat** means a boat described in the declarations including equipment permanently attached to it.

**Boating property** means *your boat*, *your motor(s)*, *your recreational vehicle trailer* used to transport *your boat*, *your portable equipment* or a combination of these items.

A **Trail Bike** is a two-wheeled off-road motorcycle, manufactured to carry only one person, primarily designed for use off public roads and which has not been licensed for use on public roads.

**Motor** means a *boat motor* described in the declarations including equipment permanently attached to it.

A **motor vehicle** is a land motor vehicle or trailer designed for use on public roads and any other land motor vehicle while used on public roads. A *motor vehicle* with an attached *recreational vehicle trailer* is considered one *motor vehicle*, but a *recreational vehicle trailer* by itself is not a *motor vehicle*.

**Occupying** means in, on, getting in or on, or getting off or out of.

**Off-road vehicle** means an *All Terrain Vehicle*, *trail bike* or *snowmobile*.

**Optional equipment** means standard options or standard equipment that are normally available from the manufacturer of *your recreational vehicle* or *recreational vehicle trailer* and are installed by the manufacturer or are installed as the manufacturer would have installed them. It also refers to options or equipment that have been specifically designed and manufactured by a company that specializes in retrofitting *recreational vehicles* or *recreational vehicle trailers*. *Optional equipment* includes trailers designed to be pulled behind *your off-road vehicle*. Removable electronic or mechanical items that are powered by *your recreational vehicle* are *optional equipment* only while *your recreational vehicle* is being operated. *Optional equipment* does not include options or equipment that enhance performance or which compromise the overall safety or design specifications of the *recreational vehicle* or *recreational vehicle trailer*.

**Personal Watercraft** means a vessel which uses an inboard motor powering a water jet pump as its

primary source of motive power, and which is designed to be operated by a person sitting, standing, or kneeling on the vessel, rather than the conventional manner of sitting or standing in the vessel.

**Pollutant** means the discharge, dispersal, seepage, migration, release or escape of any solid, liquid, gaseous or thermal irritant or contaminant, including, but not limited to, smoke, vapors, gases, soot, fumes, acids, alkalis, chemicals, organic or non-organic particulates or waste. The *pollutant* can be ingested, inhaled, attached to or absorbed by a living organism, personal or real property or water, resulting in an unintended and potential or actual harmful effect. Waste includes materials to be recycled, reconditioned or reclaimed.

**Portable equipment** means equipment or accessories not permanently attached to *your boat* and which are incidental to its operation.

**Property damage** means any injury to or destruction of physical property. It includes loss of use of that property.

**Recreational Vehicle** means an *off-road vehicle*, *boat* or *personal watercraft*. A *recreational vehicle* being transported on a *recreational vehicle trailer* is considered one *recreational vehicle*, regardless of the number of *recreational vehicles* transported. A *recreational vehicle trailer* by itself is not a *recreational vehicle*.

**Recreational Vehicle Trailer** is a trailer described in the declarations which is used to carry the covered *recreational vehicle*. It doesn't include a trailer while used as an office, store or display. A *recreational vehicle trailer* by itself is not a *recreational vehicle*.

A **Snowmobile** means an engine-driven vehicle that has an endless belt tread and sled-type runners, or skis, to be used in contact with snow and which was manufactured solely for snowmobiling.

**You, your, yourself** means the person named in the declarations and that person's husband or wife, if a resident of the same household. It also means a family member or relative age 16 or older who is a resident of the household. *You, your, yourself* could include a resident relative or member of the family between the ages of 12 and 16 if that person successfully completed a state recognized safety course designed for the *recreational vehicle* being operated. *You, your, yourself* also includes a resident relative or member of the family of any age when operating the *off-road vehicle* on land owned by a resident member of the family.

## INSURING AGREEMENT

When *you* pay the required premiums, we agree that this policy provides the protection and limits *you* have selected as shown in the declarations. The declarations are part of this policy. This insurance applies only to *accidents* and losses which occur while this policy is in force and which are described in this policy. This policy may be renewed by mutual consent. When we consent to renew this policy, *you* must pay the renewal pre-

mium in advance, or, if *you* select a time payment plan, *you* must pay the required down payment.

## **RECREATIONAL VEHICLES** **WE INSURE**

### **Your Recreational Vehicles**

We insure any *recreational vehicle* described in the declarations and any similar type of *recreational vehicle* *you* replace it with as long as the replacement *recreational vehicle* is eligible for coverage under this policy. We'll also insure any additional *recreational vehicle* eligible for this insurance that *you* acquire if we insure under this insurance, all *recreational vehicles* *you* own that are eligible for coverage under this policy. However, the replacement or addition is insured, subject to any restrictions contained in this policy, only if *you* notify us within 14 days of its acquisition and no other insurance applies.

### **Substitute Recreational Vehicles**

We insure a substitute *recreational vehicle* when any *recreational vehicle* described in the declarations, or any replacement or addition, can't be used because it's being serviced or repaired, or it has been stolen or destroyed. The substitute *recreational vehicle* must be similar in nature and otherwise be eligible for coverage under this policy. A *recreational vehicle* owned by *you* doesn't qualify as a substitute *recreational vehicle*.

### **Other Recreational Vehicles**

We insure other *recreational vehicles* *you* use with the permission of the owner, but not for collision or comprehensive insurance. We don't insure other *recreational vehicles* owned by *you* and not insured under this insurance. We will insure, for up to 30 days, *recreational vehicles* *you* don't own which are furnished for *your* regular use.

### **Recreational Vehicle Trailers**

We insure any *recreational vehicle trailer* *you* own or are using except for collision or comprehensive insurance. For collision and comprehensive insurance to apply, the *recreational vehicle trailer* must be identified in the declarations or on a separate endorsement.

## **WHAT TO DO WHEN AN ACCIDENT** **OR LOSS HAPPENS**

When *you* are involved in an *accident*, *you* or someone on *your* behalf must notify us as soon as possible.

When *you* notify us, tell us how the *accident* happened and the extent of any injuries or damages. If we need other information to investigate the *accident*, we'll ask *you* for it. We may require it in writing. We may also require *you* or anyone seeking protection under this insurance to individually submit to examination under oath.

If *you* are injured, we may ask that *you* be examined by a doctor we select. *You* must be examined when and as often as we may reasonably require. We may need *you* to provide pertinent medical records, copies of other records or authorization to obtain these records upon our request.

If the *accident* involves a hit-and-run *motor vehicle* or *recreational vehicle* whose operator or owner can not be identified, it must be reported within 24 hours to the police, or any other governmental authority that has jurisdiction over or regulates the licensing or use of the *recreational vehicle*. A written statement under oath telling us the facts of the *accident* and the extent of any injuries or damages must be filed with us within 30 days after the *accident* has been reported. If *you* were occupying a *recreational vehicle* at the time of the *accident*, *you* must make it available for our inspection.

If *you* have comprehensive or collision insurance, *you* must protect the *recreational vehicle*, *boating property* or *recreational vehicle trailer* from any further damage. If *you* fail to do so, any further damage won't be recoverable under this policy. We'll pay up to \$500 for any reasonable expenses incurred in protecting the *recreational vehicle* at the location of the *accident* which are not specifically excluded by this policy. We may require that *you* file with us a sworn proof of loss within 60 days of our request. *You* must permit us to inspect *your* damaged *recreational vehicle*, *boating property* or *recreational vehicle trailer*.

*You* must cooperate with us in our effort to investigate the *accident* or loss, settle any claims against *you* and defend *you*. *You* must also send us, promptly, any legal papers served on *you* or *your* representative as a result of an *accident*. If *you* fail to promptly send us such legal papers or if *you* fail to comply with *your* responsibilities outlined above and *your* failure to comply prejudices our rights under this policy, we may have the right to refuse *you* any further protection for the *accident* or loss.

If *your* *recreational vehicle*, *boating property* or *recreational vehicle trailer* is stolen, *you* must report the theft to the police within 24 hours.

## **LIABILITY INSURANCE**

### **Our Promise To You**

We promise to pay damages, excluding punitive or exemplary damages, for bodily injury or *property damage* for which the law holds *you* responsible because of an *accident* covered by this policy, involving a *recreational vehicle* or *recreational vehicle trailer* we insure. Damages include prejudgment interest awarded against *you*.

### **Additional Benefits**

These benefits are in addition to our limit of liability for damages.

We'll pay for the cost of investigating the *accident* and arranging for the settlement of any claim against *you*. We'll also defend *you*, hire and pay an attorney, and pay all defense costs if *you* are

sued by someone for damages because of an *accident* - even if the accusations aren't true. We won't be obligated to pay for the cost of any further investigation or arrangement for settlement or to defend *you* further after we've paid or offered to pay our entire limit of liability for damages in settlement or payment on judgments.

We'll pay premiums on appeal bonds to release attachments in any suit we defend. We'll also pay interest accruing after a judgment is entered in any suit we defend. Our duty to pay interest ends when we offer to pay that part of the judgment which does not exceed our limit of liability for this coverage.

We'll pay up to \$250 a day for loss of earnings, but not other income, because *you* attend hearings or trials at our request. We will also pay other reasonable expenses incurred at our request.

We'll pay up to \$500 for the cost of bail bonds required because of an *accident* or a violation of a law regulating their actual operation.

We'll pay *your* expense for first aid to others at the scene of an *accident* involving a *recreational vehicle* or *recreational vehicle trailer* we insure.

## Protection For Others

Anyone using, with *your* permission, a *recreational vehicle* or *recreational vehicle trailer* described in the declarations, or any other *recreational vehicle* or *recreational vehicle trailer* covered by this insurance, has the same rights and obligations that *you* have under this insurance.

## Those Not Protected

Anyone protected at the time of the *recreational vehicle accident* by an atomic or nuclear energy liability insurance contract isn't protected by this insurance.

Neither the United States of America nor any of its agencies is protected by this insurance.

Anyone for whom the United States Government may be held responsible under the Federal Tort Claim Act isn't protected by this insurance.

## Excluded Uses Of Recreational Vehicles

While we provide broad protection under this insurance, there are some situations we don't insure.

We don't insure *your recreational vehicle* or *recreational vehicle trailer* while it's hired or rented to others for a charge.

We don't insure *your recreational vehicle* or *recreational vehicle trailer* while being operated or used in connection with any criminal activity.

We don't insure any *recreational vehicle* or *recreational vehicle trailer* *you* own or don't own that's used in *your* business or occupation unless the

*recreational vehicle* or *recreational vehicle trailer* is described in the declarations.

We don't insure any *recreational vehicle trailer* under this insurance unless no other coverage for a loss involving a *recreational vehicle trailer* exists under any *motor vehicle*, homeowner, *recreational vehicle* or excess liability policy issued to *you* and *you* insure at least one *recreational vehicle* with us.

We don't insure any *recreational vehicle* *you* are operating while it's directly or indirectly made available by *you* for hire by the public.

We don't insure any *recreational vehicle* while it's available or being used to carry persons or property for a fee or for compensation.

We don't insure any *recreational vehicle* used in, or preparing for, any prearranged, organized or spontaneous exhibition or competition, racing, speed, demolition or stunting contest or activity. Activities sanctioned by a *recreational vehicle* manufacturer to promote safe operation of the *recreational vehicle*, conducted by certified safety instructors, or any events we pre-approve are not subject to this exclusion.

We don't insure any *recreational vehicle* used in the business of selling, repairing, servicing, storing or parking *recreational vehicles*. However, we'll insure *your* use of a *recreational vehicle* in such business if *you* own the *recreational vehicle* and that *recreational vehicle* is insured under this policy. Also, if *you* are the owner or a partner in such business, we'll insure *your* partner's and employee's use of a *recreational vehicle* *you* own provided that *recreational vehicle* is insured under this policy, the employee is eligible to be covered under this policy and no other policy restrictions apply.

## Bodily Injury Not Covered By This Insurance

This insurance doesn't cover passengers unless passenger coverage is shown in the declarations. A passenger is any person *occupying*, but not operating *your recreational vehicle*.

This insurance doesn't cover *your* domestic employee if *you* are required to provide workers' compensation insurance and such insurance would apply to the injury.

This insurance doesn't cover any other employee *you* have if the employee is hurt on the job.

This insurance doesn't cover a fellow employee of anyone protected by this insurance, other than *you*, if the injury is suffered in the course of employment.

This insurance doesn't cover anyone using *your recreational vehicle* or *recreational vehicle trailer* without a reasonable belief that they are allowed to do so.

This insurance doesn't cover bodily injury caused by a *pollutant*.

## Property Damage Not Covered By This Insurance

This insurance doesn't cover any *property damage* to any property *you* rent, own, have charge of or are transporting. This exclusion does not apply to a residence or private garage *you* rent or own.

This insurance doesn't cover *property damage* caused by a *pollutant*.

## Limits Of Liability

The limits of liability shown in the declarations are the maximum amounts we'll pay in damages for any one *recreational vehicle accident*.

The limit for "each person" is the limit for all claims by all persons for damages from bodily injury to one person in any one *accident*. Subject to the limit for "each person", the limit for "each accident" is the total limit for all claims for damages from bodily injury to two or more people in any one *accident*. The limit for *property damage* is the limit for all claims for direct or indirect damages by all persons from damage to property in any one *accident*. Even if more than one *recreational vehicle* or *recreational vehicle trailer* is insured with us and separate premiums are charged for each *recreational vehicle* or *recreational vehicle trailer*, or more than one type of *recreational vehicle* or *recreational vehicle trailer* is listed in the declarations, or more than one person is protected under this insurance, the limits of liability won't be increased. When damages are payable on *your* behalf under more than one policy we've issued to *you*, we won't pay more than the highest limits in any one such policy.

The limit of liability for any *recreational vehicle trailer* afforded liability coverage by the **Other Insurance** provision found within the **GENERAL POLICY PROVISIONS** division of this policy will be the highest liability limit associated with the type of *recreational vehicle* in any *recreational vehicle* policy we have issued to *you*.

## Financial Responsibility Laws

If *you* are required to show proof of financial responsibility for the future because of *accidents*, violations or other state or Federal requirements, we'll amend and certify this policy as proof to the minimum extent required.

**YOU MUST REIMBURSE US IF WE HAVE TO MAKE A PAYMENT THAT WE WOULD NOT HAVE TO MAKE IF THIS POLICY WERE NOT CERTIFIED AS PROOF.**

## MEDICAL EXPENSE INSURANCE

### Our Promises To You

We promise to pay medical expenses for *your* bodily injury, sickness, disease or death suffered

in an *accident* while occupying a *recreational vehicle* or *recreational vehicle trailer* we insure.

We promise to pay medical expenses for *your* bodily injury, sickness, disease or death from having been struck by a *recreational vehicle* or *recreational vehicle trailer*, or struck by a *motor vehicle* while occupying a *recreational vehicle* or *recreational vehicle trailer* we insure.

We'll pay the medical expenses incurred within three years from the date of the *accident*, subject to a deductible amount applicable to each person, per *accident*, as shown in the declarations.

## Protection For Others

Anyone occupying, with *your* permission, a *recreational vehicle* or *recreational vehicle trailer* we insure has the same rights and obligations that *you* have under this insurance.

## Those Not Protected

Anyone occupying *your off-road vehicle* or *personal watercraft* as a passenger isn't protected by this insurance, unless passenger coverage is shown as included in the declarations. A passenger is any person occupying, but not operating *your recreational vehicle*.

Anyone occupying *your recreational vehicle* or *recreational vehicle trailer* while it's hired or rented to others for a charge isn't protected by this insurance.

Anyone occupying a *recreational vehicle* *you* are driving while it's available for hire by the public isn't protected by this insurance.

Anyone occupying a *recreational vehicle* used in, or preparing for, any prearranged, organized or spontaneous exhibition or competition, racing, speed, demolition or stunting contest or activity isn't protected by this insurance. Activities sanctioned by a *recreational vehicle* manufacturer to promote safe operation of the *recreational vehicle*, conducted by certified safety instructors, or any events we pre-approve are not subject to this exclusion.

Anyone occupying or struck by a *recreational vehicle* or *recreational vehicle trailer* owned or leased by *you* or furnished or available for *your* regular use and not insured under this insurance isn't protected by this insurance.

Anyone occupying a *recreational vehicle* used in the business of selling, repairing, servicing, storing or parking *recreational vehicles* isn't protected by this insurance. However, we'll insure *your* use of a *recreational vehicle* in such business if *you* own the *recreational vehicle* and that *recreational vehicle* is insured under this policy. Also, if *you* are the owner or a partner in such business, we'll insure *your* partner's and employee's use of a *recreational vehicle* *you* own provided that *recreational vehicle* is insured under this policy, the employee is eligible to be covered under this policy and no other policy restrictions apply.

Anyone *occupying a recreational vehicle* while being operated or used in connection with any criminal activity isn't protected by this insurance.

Anyone protected at the time of the *recreational vehicle accident* by an atomic or nuclear energy liability insurance contract isn't protected by this insurance.

## Medical Expenses Covered By This Insurance

This insurance covers reasonable and necessary medical, surgical, chiropractic and dental treatment, professional nursing, hospital, X-ray, ambulance and funeral services and prosthetic devices. This insurance also covers reasonable and necessary treatment rendered in accordance with a legally recognized religious method of healing.

## Medical Expenses Not Covered By This Insurance

This insurance doesn't cover that amount paid or payable under any health or accident insurance available.

This insurance doesn't cover that amount payable or required to be provided under any workers' compensation, disability benefits law or similar law.

This insurance doesn't cover medical expenses for injury caused by war.

This insurance doesn't cover medical expenses caused by a *pollutant*.

## Payment Of Benefits

We may pay *you*, the person providing the medical services or the person responsible for payment of the medical expenses. *You* can assign payments of benefits under this coverage directly to *your* health care provider if *you* request us to do so in writing.

When we pay *your* medical expenses, *you* or *your* legal representative must agree in writing to repay us out of any damages *you* recover under the liability or uninsured operator insurance of this policy.

## Limits Of Medical Expense Insurance

Regardless of the number or types of *recreational vehicles* or *recreational vehicle trailers* we insure under this policy, the maximum limit of medical expense insurance for each person injured in any one *accident* is the amount shown in the declarations for "each person".

Any amount otherwise payable under this coverage will be reduced by any amounts paid or payable for the same expenses under any liability or uninsured operator coverage provided by this policy.

Any payment under this insurance is subject to the deductible stated in the declarations. We will waive that deductible for the operator or passenger of the insured *recreational vehicle* if, at the time of the *accident*, they were wearing a helmet meeting Federal standards for the type of *recreational vehicle*. The operator or passenger must be covered under this insurance in order for this provision to apply.

When medical expenses are payable under more than one policy issued by us, we won't pay more than the highest limit in any one such policy.

## UNINSURED OPERATOR INSURANCE

### Our Promises To You

We promise to pay damages, excluding punitive or exemplary damages, the owner or operator of an uninsured *boat*, *personal watercraft* or *motor vehicle* is legally obligated to pay because of bodily injury *you* suffer in an *accident* while *occupying your recreational vehicle*. The *accident* must occur on a roadway or waterway while legally operating *your recreational vehicle*, must involve direct contact between *your off-road vehicle* and a *motor vehicle* or between *your boat* or *personal watercraft* and another *boat*, *personal watercraft* or *motor vehicle* you don't own.

We promise to pay damages the owner or operator of an uninsured *recreational vehicle* is legally obligated to pay because of bodily injury *you* suffer as a pedestrian while struck by an uninsured *recreational vehicle* or *recreational vehicle trailer* you don't own or which hasn't been provided for *your* regular use.

### Protection For Others

Anyone using, with *your* permission, a *recreational vehicle* described in the declarations, or any other *recreational vehicle* covered by this insurance, has the same rights and obligations that *you* have under this insurance.

### Those Not Protected

Anyone *occupying your recreational vehicle* while it's hired or rented to others for a charge isn't protected by this insurance.

Anyone *occupying a recreational vehicle* you are driving while it's available for hire by the public isn't protected by this insurance.

Anyone *occupying your recreational vehicle* when the *recreational vehicle* is operated or used in connection with any criminal activity isn't protected by this insurance.

Anyone *occupying a recreational vehicle* owned or leased by *you* or furnished or available for *your* regular use and not insured under this insurance isn't protected by this insurance.

## Uninsured Boats, Personal Watercraft or Motor Vehicles

A *boat* or *personal watercraft* for which there is no bodily injury policy or liability bond available at the time of the *accident* is an uninsured *boat* or *personal watercraft*.

A *motor vehicle* for which there is no bodily injury policy or liability bond available at the time of the *accident* with at least the minimum limits required by the *motor vehicle* financial responsibility law of the state in which the *motor vehicle* is principally used and garaged is an uninsured *motor vehicle*.

An uninsured *boat*, *personal watercraft* or *motor vehicle*, also includes a *boat*, *personal watercraft* or *motor vehicle* to which a bodily injury bond or policy applies at the time of the *motor vehicle* or *recreational vehicle accident* but its limit for bodily injury liability is not enough to pay the full amount *you* are legally entitled to recover as damages. This is known as an underinsured *boat*, *personal watercraft* or *motor vehicle*.

A *boat*, *personal watercraft* or *motor vehicle* which has insurance available at the time of the *motor vehicle* or *recreational vehicle accident* but the company writing it denies coverage, is or becomes insolvent within one year of the *accident* is an uninsured *boat*, *personal watercraft* or *motor vehicle*.

A hit-and-run *boat*, *personal watercraft* or *motor vehicle* that hits *you* while occupying a *recreational vehicle* if neither the driver nor the owner can be identified is an uninsured *motor vehicle* or uninsured *recreational vehicle* with respect to damages for bodily injury.

## Excluded Uninsured Boats, Personal Watercraft or Motor Vehicles

A *boat*, *personal watercraft* or *motor vehicle* owned or leased by *you* or furnished or available for *your* regular use isn't an uninsured *boat*, *personal watercraft* or *motor vehicle*.

A *boat*, *personal watercraft* or *motor vehicle* that's owned or operated by a self-insurer within the meaning of any *motor vehicle* financial responsibility law, laws governing the use of a *boat* or *personal watercraft*, motor carrier law or any similar law isn't an uninsured *boat*, *personal watercraft* or *motor vehicle* except if that self-insurer is or becomes insolvent.

A *boat*, *personal watercraft* or *motor vehicle* owned by any governmental authority or agency isn't an uninsured *boat*, *personal watercraft* or *motor vehicle*.

## Bodily Injury Not Covered By This Insurance

This insurance doesn't cover bodily injury resulting from *your* intentional acts.

This insurance doesn't cover bodily injury when *you* use a non-owned *boat* or *personal watercraft* unless *you* had reasonable belief that *you* were entitled to do so.

This insurance doesn't cover bodily injury if, without our written consent, *you* settle or sue to a judgment a claim against anyone responsible for *your* injury. If we and *you* do not agree as to whether or not a *boat*, *personal watercraft* or *motor vehicle* is actually uninsured, the burden of proof as to that issue will be on us.

## Payment Of Damages

We may pay *you*, *your* legal representative or anyone authorized by law to receive payment.

The amount of damages payable under this insurance will be reduced by the amount paid by or on behalf, of anyone responsible for *your* injury. We will pay only after the limits of liability under any liability bonds or policies have been exhausted by payments of judgments or settlements. This includes any amount paid under the liability insurance and medical expense sections of this policy and any amount paid or payable under any workers' compensation law, disability benefits law or any similar law - exclusive of any state non-occupational disability benefits law.

## Trust Agreement

When we pay *you* damages under this insurance, *you* or *your* legal representative must agree in writing to repay us out of any damages recovered from anyone responsible for *your* injuries. *You* or *your* legal representative must also agree in writing to hold in trust and preserve for us all rights of recovery.

At our request, *you* must take any necessary action to recover the payments we've made under this insurance. *You* must do so in *your* own name and through a representative we select. Expenses of recovery will be repaid to us out of any damages recovered.

## Arbitration

If we and *you* or *your* legal representative don't agree on the legal responsibility of the uninsured operator to pay *your* damages, then upon the consent of both parties, the disagreement will be settled by arbitration.

Arbitration will take place in the county where *you* live. It will be conducted under the rules of the American Arbitration Association unless we or *you* or *your* legal representative objects. In that case, *you* will select one arbitrator and we'll select another. The two selected arbitrators will select a third. If the two arbitrators are unable to agree on a third arbitrator within 30 days, the judge of the court of record in the county or jurisdiction where arbitration is pending will appoint the third arbitrator.

Local court rules governing procedure and evidence will apply unless the arbitrators agree on



other rules. The decision in writing of any two arbitrators will be binding on *you* and us, subject to the terms of this insurance. Judgment on any award may be entered in any court having jurisdiction.

*You* will pay the arbitrator that *you* choose and we'll pay the arbitrator that we choose. The expense of the third arbitrator and all other expenses of arbitration will be shared equally by *you* and us.

## Limits of Uninsured Operator Insurance

The limit of Uninsured Operator Insurance shown in the declarations for "each person" is the maximum we'll pay for all claims by all persons for damages for bodily injury to any one person. Subject to the limit for "each person", the maximum amount we will pay in damages for bodily injury to two or more persons is the limit of Uninsured Operator Insurance for "each accident" shown in the declarations.

Even though more than one *recreational vehicle* may be listed in the declarations and separate premiums are charged for each *recreational vehicle*, or more than one person is protected under this insurance, or more than one person is injured, the limit of applicable Uninsured Operator Insurance is the maximum we will pay even if *you* are insured for this or similar coverage under other policies we issue.

When damages are payable on *your* behalf under more than one policy we've issued, we won't pay more than the highest limit in any one such policy.

## COLLISION INSURANCE

### Our Promises To You

We promise to pay for direct and accidental damage to an *off-road vehicle* or *recreational vehicle trailer* we insure, and any attached *optional equipment*, when it's hit by or it hits another object or rolls over. We'll pay for the damage minus any applicable deductible.

We promise to pay for direct and accidental damage to *your boat, motor, or personal watercraft* we insure, and any attached *optional equipment* when it's hit by or it hits another object. This includes *portable equipment*. We'll pay for the damage minus any applicable deductible.

We also promise to pay **Additional Benefits** for losses covered by this insurance. For the purpose of **Additional Benefits**, the *recreational vehicle trailer* and the *recreational vehicle(s)* being transported will be considered as one *recreational vehicle*.

## COMPREHENSIVE INSURANCE

### Our Promises To You

We promise to pay for direct and accidental damage to an *off-road vehicle* or *recreational vehicle trailer* we insure, and any attached *optional equipment* - not caused by collision. We'll pay for the damage minus any applicable deductible.

We promise to pay for direct and accidental damage to *your boat, motor, or personal watercraft* we insure, and any attached *optional equipment* - not caused by collision. This includes *portable equipment*. We'll pay for the damage minus any applicable deductible.

Comprehensive losses include, but are not limited to, direct and accidental damage from fire, explosion or earthquake, windstorm, hail, water or flood (except as excluded), riot or civil commotion, missiles, falling objects or theft. Contact with birds, animals or fish is a comprehensive loss. Accidental breakage of windshields or windows is also a comprehensive loss.

If breakage of windshields or windows is caused by a collision loss, *you* may elect to have it considered a loss by collision and not a comprehensive loss.

We also promise to pay Additional Benefits for losses covered by this insurance. For the purpose of Additional Benefits, the *recreational vehicle trailer* and *recreational vehicle(s)* being transported will be considered as one *recreational vehicle*.

### Additional Benefits - Collision And Comprehensive Insurance

We'll pay *you* up to \$100 for transportation costs *you* actually incur from the location of a covered theft loss of *your recreational vehicle* or *recreational vehicle trailer* to where *you* were residing at the time of the loss.

We'll waive the collision deductible if a collision occurs between a *recreational vehicle* insured under this insurance and another *motor vehicle* or *recreational vehicle* insured within the Sentry Insurance Group.

We'll waive all but the single highest deductible applicable to all *recreational vehicles* or *recreational vehicle trailers* in any one covered collision or comprehensive loss, regardless of the number of *your recreational vehicles* or *recreational vehicle trailers* involved.

We'll pay *you* up to \$1,000 for loss or damage to safety apparel, manufactured and sold specifically for personal safety during operation of *your recreational vehicle*, whether or not being worn at the time of the covered collision or comprehensive loss. The loss or damage must result in loss of functionality of the covered apparel. This coverage does not apply to theft of any safety apparel unless there has been a total theft of *your recreational*



vehicle. Losses under this insurance are subject to the deductible listed in the declarations.

We'll pay for loss or damage to *optional equipment* or *your recreational vehicle trailer* only up to the limit of coverage for the *optional equipment* or *recreational vehicle trailer* indicated in the declarations. We'll also pay for loss or damage to anti-theft devices and alarms if permanently installed, whether or not available from the vehicle manufacturer of *your recreational vehicle* or *recreational vehicle trailer* or installed by them.

We'll pay for expenses you become legally liable for in the event of a covered loss to a *recreational vehicle* or *recreational vehicle trailer* you don't own. However, we will only pay up to \$100 per day for any expenses for loss of use. The maximum benefit for loss of use is \$500.

## **Excluded Uses Of Recreational Vehicles - Collision and Comprehensive Insurance**

While we provide broad protection under collision and comprehensive insurance, there are some situations we don't insure.

We don't insure any *recreational vehicle* or *recreational vehicle trailer* while it's available or being used to carry persons or property for a fee or for compensation.

We don't insure any *recreational vehicle* or *recreational vehicle trailer* used in, or preparing for, any prearranged or organized exhibition or competition, racing, speed, demolition or stunting contest or activity or used in any such activity that is spontaneous.

We don't insure any *recreational vehicle* or *recreational vehicle trailer* used in the business of selling, repairing, servicing, storing or parking *recreational vehicles*. However, we'll insure a *recreational vehicle* or *recreational vehicle trailer* used in such business if the *recreational vehicle* or *recreational vehicle trailer* is described in the declarations, or is a replacement, additional or substitute *recreational vehicle*.

We don't insure any *recreational vehicle* or *recreational vehicle trailer* you own or don't own that's used in your business or occupation unless the *recreational vehicle* or *recreational vehicle trailer* is described in the declarations.

## **Losses Not Covered By Collision Or Comprehensive Insurance**

This insurance doesn't cover any diminution in value, meaning the actual or perceived loss in market or resale value which results from a direct and accidental loss to a *recreational vehicle* or *recreational vehicle trailer* we insure and its *optional equipment* or *portable equipment*.

This insurance doesn't cover any loss to a *recreational vehicle* or *recreational vehicle trailer* or its

*optional equipment* or *portable equipment* insured by this policy, due to taking by any governmental authority which results in any temporary or permanent loss of ownership or title, access to or use of that *recreational vehicle*, *recreational vehicle trailer* or *optional equipment* or *portable equipment*. Subject to provisions in the Limits of Payment - Collision Or Comprehensive Insurance section of this policy, this exclusion does not apply to the interests any loss payees have in *your recreational vehicle* or *recreational vehicle trailer*.

This insurance doesn't cover any loss to an *off-road vehicle* or its *optional equipment* while the *off-road vehicle* is operated on public roads, unless operation on a public road is specifically allowed by law.

This insurance doesn't cover under comprehensive insurance, theft or conversion of *your recreational vehicle* or *recreational vehicle trailer*, or a non-owned *recreational vehicle* or *recreational vehicle trailer* which occurs prior to delivery to you, or which occurs after you have delivered your *recreational vehicle* or *recreational vehicle trailer* to a third party whom you have authorized to sell, trade or otherwise dispose of it.

This insurance doesn't cover under comprehensive insurance, theft or conversion of *your recreational vehicle* or *recreational vehicle trailer* unless the theft or conversion has been reported to law enforcement officials and a police report is made.

This insurance doesn't cover under comprehensive insurance, any loss which is due and confined to wear and tear, deterioration or damage which occurs over a period of time, mechanical or electrical breakdown or failure or temperature changes. This exclusion does not apply if the loss results from a theft loss or other loss covered by this insurance.

This insurance doesn't cover under comprehensive insurance, any loss caused by repair, service or maintenance.

This insurance doesn't cover a loss of more than one video or audio tape, cassette or cartridge, CD or DVD.

This insurance doesn't cover mold damage or mold remediation costs, regardless of the source.

This insurance doesn't cover any loss due to war, civil war, insurrection, rebellion, discharge of nuclear weapon or materials, or radioactive contamination.

This insurance doesn't cover any loss that results from abandonment of *your recreational vehicle* or *recreational vehicle trailer*.

This insurance doesn't cover any *recreational vehicle* you do not own unless it is a substitute *recreational vehicle* or it is listed in the declarations.

This insurance doesn't cover any *recreational vehicle trailer* you do not own unless it is being substituted for a *recreational vehicle trailer* listed in the declarations that is being serviced or repaired, or has been stolen or destroyed, or it is listed in the declarations.

This insurance doesn't cover any *optional equipment* unless *you* have disclosed that equipment to us and a limit of coverage for *optional equipment* has been indicated in the declarations.

This insurance doesn't cover *your recreational vehicle* or *recreational vehicle trailer* while being operated or used in connection with any criminal activity.

This insurance doesn't cover complete or partial submersion of *your off-road vehicle* in water or in any other liquefied substance, nor any ensuing salvage or recovery operations. The submersion must have resulted from the operation of the *off-road vehicle*. This insurance does not cover any salvage or recovery operations for *your boat* or *personal watercraft*.

## **Payment Of Loss - Collision Or Comprehensive Insurance**

We may pay for the loss in cash or we may repair or replace the damaged property. We may take all or part of the damaged property at the agreed or appraised value. Before a loss is paid or the property is replaced, we may return any stolen property to *you* at our expense with payment for any damage.

We may settle any loss either with *you* or the owner of the property.

## **Limits Of Payment - Collision Or Comprehensive Insurance**

The maximum limit for losses to *your recreational vehicle* won't exceed the lesser of the actual cash value of the property at the time of the loss or the cost to repair or replace the damaged property with like kind and quality, minus any applicable deductible.

The maximum limit for loss of or damage to *optional equipment* on *your recreational vehicle* won't exceed the lesser of the actual cash value of the property at the time of the loss, or the cost to repair or replace the damaged property with like kind and quality. Payment is subject to the limit specified in the declarations for *optional equipment* for the *recreational vehicle*, less any applicable deductible.

The maximum limit for losses to *your recreational vehicle trailer* and its *optional equipment* won't exceed the lesser of the actual cash value of the property at the time of the loss, or the cost to repair or replace the damaged property with like kind and quality. Payment is subject to the limit specified in the declarations for *your recreational vehicle trailer*, and its *optional equipment*, less any applicable deductible.

If we and *you* do not agree on the amount of loss, either may demand an appraisal of the loss. In this event, each party will select a competent appraiser. The appraisers will state separately the actual cash value and the amount of the loss. If they fail to agree, they will submit their differences to an umpire chosen by them. A decision agreed

to by any two will be binding on both *you* and us as to the amount of loss.

*You* will pay the appraiser *you* choose, and we'll pay the appraiser we choose. The expenses of the appraisal and the umpire will be shared equally by *you* and us.

We do not waive any of our rights under this policy by agreeing to an appraisal.

No one will be entitled to receive duplicate payments under this insurance and any other insurance provided by this policy.

## **TOWING AND SERVICE**

### **Our Promise To You**

We promise to pay the costs *you* actually incur for the towing or hauling of *your recreational vehicle* or *recreational vehicle trailer* when it becomes disabled. The disablement can not be covered by any other provision of this policy. We will also pay the cost of service performed at the site of disablement, but not any extra charges incurred because of the location of the disablement. This coverage applies only to *recreational vehicles* or *recreational vehicle trailers* for which a specific Towing and Service premium is shown in the declarations.

### **Limits Of Towing and Service**

The limit of Towing and Service shown in the declarations for "each occurrence" is the maximum we'll pay for any one disablement to any *recreational vehicle* or *recreational vehicle trailer* to which this coverage applies. Subject to that limit for "each occurrence", the maximum amount we will pay for disablements for all *recreational vehicles* or *recreational vehicle trailers* to which this coverage applies within any one policy term is the policy term maximum limit as shown in the declarations.

Even though more than one *recreational vehicle* or *recreational vehicle trailer* may be listed in the declarations and separate premiums are charged for each type of *recreational vehicle*, or *recreational vehicle trailer*, the per occurrence or policy term maximum limit for Towing and Service coverage is the maximum we will pay. This maximum limit applies even if *you* are insured for this or similar coverage under any other policy we issue, whether or not that other policy has higher limits.

## **RENTAL REIMBURSEMENT INSURANCE**

### **Our Promise To You**

We promise to pay *you* up to the limits stated in the declarations for the cost of a similar substitute *recreational vehicle* or *recreational vehicle trailer* in the event of a covered collision or comprehensive loss to a *recreational vehicle* or *recreational vehicle trailer* listed in the declarations. This applies only to *recreational vehicles* or *recreational vehicle*

*trailers* for which a specific Rental Reimbursement premium is shown in the declarations.

## Limits Of Rental Reimbursement

We'll pay for rental expense for each covered collision or comprehensive loss, subject to the limit of liability shown in the declarations. Rental reimbursement insurance will be paid until the limits are exhausted or the disabled *recreational vehicle* or *recreational vehicle trailer* is returned to use, or could have been expected to be repaired or replaced.

Even though more than one *recreational vehicle* or *recreational vehicle trailer* may be listed in the declarations and separate Rental Reimbursement premiums are charged for each *recreational vehicle* or *recreational vehicle trailer*, the limits will not be increased. The limits shown apply even if *you* are insured for this or similar coverage under any other policy we issue, whether or not that other policy has higher limits.

## GENERAL POLICY PROVISIONS

### Our Right To Recover From Others

After we have made payment under the Liability, Medical Expense, Comprehensive, Collision, Towing and Service or Rental Reimbursement insurance of this policy, we have the right to recover the payment from anyone who may be held responsible. *You* and anyone we protect must sign any papers and do whatever else is necessary to enable us to exercise our right. *You* and anyone we protect will do nothing to prejudice our rights. Our rights described above do not apply to Collision and Comprehensive insurance against any person using *your recreational vehicle* with a reasonable belief that they are entitled to do so.

After we have made payment under the Uninsured Operator insurance of this policy, we have the right to recover the payment from anyone who may be held responsible. *You* and anyone we protect must sign any papers and do whatever else is necessary to transfer this right to us. *You* and anyone we protect must do nothing to affect our rights. These rights do not apply if we have been given prompt written notice of a tentative settlement between *you* and the insurer of the underinsured *motor vehicle* and, within 30 days after receipt of such notification, have failed to advance payment to *you* in an amount equal to the tentative settlement.

### Transfer Of This Policy

This policy can't be transferred to any person or organization without our written consent. However, if the person named in the declarations dies, this policy will provide protection until the end of the policy period for that deceased's legal representative and those persons who were protected on the date of death.

## Changes In Your Policy

We'll automatically give *you* the benefits of any extension or broadening of this policy if the change doesn't require additional premium.

The only other way this policy can be changed is by endorsement. Any necessary adjustment of premium will be made at that time. We will accept certain changes to *your* policy that *you* request. However, some changes require *your* signature. These will be effective only after the proper signature is obtained. Any change will be confirmed by our issuance of a declarations page.

The premium for each of *your recreational vehicles* or *recreational vehicle trailers* is based on information we received from *you* or other sources. Changes in this information, such as but not limited to, addition or deletion of *recreational vehicles* or *recreational vehicle trailers*, coverages or operators of *your recreational vehicles*, or a new place of principal garaging of *your recreational vehicle* or *recreational vehicle trailer*, made during the policy period, may result in a premium increase or decrease. We will make such changes based on the rates in effect at the time of the change and in accordance with our manual rules and/or rate filings.

If *you* move to a state in which this policy is unavailable, we will continue this policy only for the current policy term, at the end of which time all coverages will cease.

### Territory

This policy applies only to *accidents* and losses within the United States of America, its territories or possessions, its territorial waters and Canada, or while the *recreational vehicle* or *recreational vehicle trailer* is being transported between their ports.

## Cancellation During The Policy Period

### Your Right To Cancel

*You* may cancel this policy at any time by returning it to us or by notifying us in writing of the date cancellation is to take effect. At our option, we can also use the date *you* give notice or any date in the future as the cancellation date.

### Our Right To Cancel

We may cancel this policy only for the reasons stated in this condition by notifying the person named in the declarations in writing of the date cancellation takes effect. This cancellation notice may be delivered or mailed to the person named in the declarations. Proof of mailing will be sufficient proof of notice.

### Cancellation For Nonpayment

If *you* haven't paid the premium, whether payable to us or to our agent or under any finance or credit plan, we may cancel at any time by notifying the person named in the declarations at least 10 days before the cancellation takes

effect. *Your* payment of any past due premium after the termination or cancellation date and our acceptance of that payment is not a waiver of our right to insist on prompt payment, and *you* will have no coverage from the termination or cancellation date until payment is received if we reinstate or rewrite *your* policy.

#### Cancellation For Other Reasons

We have 60 days from the effective date of the policy, if it is not a renewal or continuation policy, to take action to cancel for any reason. We must notify the person named in the declarations at least 10 days before the date cancellation takes effect.

After a new policy has been in effect for 60 days or if this policy is a renewal with us, our right to cancel is limited. We may then cancel by giving the person named in the declarations at least 30 days notice before the date cancellation is to be effective.

For any reason other than fraud, if we send notice that the policy will be cancelled, and that notice is based on incorrect information, *you* have 20 days after receipt of that notice to provide information, correct the information or remedy the reason for cancellation. We will continue the policy provided *you* pay any premium owed resulting from the information *you* disclosed.

#### Premium Refund

When this policy is cancelled at our request, the premium paid beyond the date of cancellation will be refunded pro rate, subject to any policy minimum premium. If cancellation is at *your* request, any refund due will be computed according to our rating manual rules. If the return premium is not refunded with our notice of cancellation, we will refund it within a reasonable time after the date cancellation takes effect.

### Renewal Provision

This policy may be renewed by mutual consent. When we consent to renew this policy, we will mail a renewal offer to the person named in the declarations at the address shown in the declarations, at least 20 days in advance of the renewal date. *You* must pay the renewal premium in advance, or, if *you* have selected a time payment plan, *you* must pay the required down payment in advance. *Your* policy will expire if we don't receive the required payment by the renewal date.

If we decide not to renew *your* policy, we'll mail to the person named in the declarations, at the address shown in the declarations, written notice of non-renewal. The written notice will be mailed at least 30 days before the end of the policy term. If we decide not to renew *your* policy, our mailing of notice to the address shown in the declarations will constitute proof of notice as of the date we mail it.

If we fail to renew or non-renew *your* policy in accordance with the Cancellation During The Policy

Period or Renewal Provision sections as shown above, *your* existing policy will remain in effect for thirty days after we send the proper notice.

### Out-Of-State Insurance

If this policy provides liability insurance and if *you* are operating *your recreational vehicle* in a state which has compulsory insurance requirements for *recreational vehicles*, we'll automatically provide the required insurance. However, this amendment will provide only excess insurance.

### Fraud

This policy will not provide coverage if *you* or any other person seeking protection under this insurance have made fraudulent statements or engaged in fraudulent conduct in connection with any *accident* or loss for which coverage is sought under this policy.

### Other Insurance

If there is other similar insurance applicable on the same basis as any coverage provided by this policy, we will pay only our share of the loss. Our share is determined by adding up the limits of this insurance and all other insurance that applies on the same basis and finding the percentage of the total which our limits represent.

The insurance is primary for any *recreational vehicle* described in the declarations, or any additional or replacement *recreational vehicle* we insure. This insurance is excess for the use of any *recreational vehicle* not owned by *you*.

Collision and Comprehensive insurance is primary for any *recreational vehicle trailer* described in the declarations, or any additional or replacement *recreational vehicle trailer* we insure.

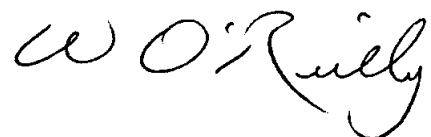
### Bankruptcy

*Your* bankruptcy or insolvency will not relieve us of any obligations under this policy.

This policy is signed at Stevens Point, Wisconsin, on behalf of Dairyland Insurance Company by our President and Secretary. It is countersigned on the declarations page by our authorized representative in those jurisdictions where countersignature is required.



Robert W. Mueller, President



William O'Reilly, Secretary

## Recreational Vehicle Program - Replacement Cost Endorsement

This endorsement:

- Applies only to *recreational vehicles* or *recreational vehicle trailers* that were not previously owned, which were never registered if registration was a requirement of ownership or were never titled, if titling was a requirement of ownership.
- Applies for up to three model years from the model year of the *recreational vehicle* or model year or manufacture date of the *recreational vehicle trailer*. For the purpose of this endorsement, a model year or manufacture year will change effective October 1st of each year, regardless of the actual introductory dates of the makes and models.
- Amends *your* policy only for the *recreational vehicles* for which a premium charge for "Replacement Cost Coverage" is shown in the declarations and extends, subject to the provisions above, to the *recreational vehicle trailer* being used to transport your *recreational vehicle* at the time of loss. The policy and this endorsement must remain continuously in force during this period and *you* must maintain comprehensive and collision insurance on the *recreational vehicles* covered by this endorsement.
- Applies to *optional equipment* or *portable equipment* you have reported to us.
- Applies only when there is a total loss covered by this policy.
- **Does not apply to any direct or indirect loss caused by, or resulting from fire, theft or larceny.**

For purposes of this endorsement the following term is defined:

**Replacement cost** means the cost at the time of loss of a new, unused *recreational vehicle* or *recreational vehicle trailer* with a make, size, body type and model similar to the one damaged or destroyed. This includes any *optional equipment* or *portable equipment* you have reported to us.

For the purposes of this endorsement, the paragraphs beginning with "The maximum limit for losses..." within the **Limits of Payment Collision or Comprehensive Insurance** section of the policy, are replaced by the following:

The maximum limit for partial losses to *your recreational vehicle* or *recreational vehicle trailer* and their *optional equipment* or *portable equipment* won't exceed the lesser of the actual cash value of the property at the time of the loss, the cost to repair or replace the damaged property with like kind and quality or the amount shown in the declarations. Payment is subject to any limit specified for *your recreational vehicle, recreational vehicle trailer, portable equipment* or *optional equipment*, less any applicable deductible.

The maximum limit for a total loss to *your recreational vehicle* or *recreational vehicle trailer* and their *optional equipment* won't exceed the lesser of the *replacement cost* of the damaged property we cover at the time of loss or the actual cost required to repair or replace the damaged property with parts of like kind and quality. Replacement cost coverage must apply. Payment is subject to 125% of any limit specified for *your recreational vehicle, recreational vehicle trailer, portable equipment* or *optional equipment*, less any applicable deductible.

We will pay the difference between actual cash value and *replacement cost* only after the damaged property has actually been repaired or replaced.

## RECREATIONAL VEHICLE - LOSS PAYABLE ENDORSEMENT

For the purpose of this endorsement only, the following definition applies and appears in bold when used:

**You** or **your** means the person in whose name the policy is issued, as shown in the declarations. **You** or **your** also means any other person or organization having an interest in the described *recreational vehicle* or *recreational vehicle trailer* as owner, lessor or an obligor of the lien holder.

Loss or damage under this policy will be paid according to **your** interest and that of the lien holder. When payments are due under this policy, we may make separate payments according to the interest of each party.

Protection for the lien holder will not be voided by **your** acts or omissions, or by change in title or ownership of the described *recreational vehicle* or *recreational vehicle trailer*. However, if **you** are a party to the conversion, embezzlement, abandonment or secretion of **your** *recreational vehicle* or *recreational vehicle trailer*, this policy does not apply.

The lien holder must notify us of any known change of ownership or increase of hazard. On demand, the lien holder must pay the premium for any increased hazard or premium due when **you** fail to pay. This endorsement becomes null and void if the lien holder fails to meet these requirements.

We reserve the right to cancel this policy as permitted by its terms. This endorsement will terminate 10 days after notice of cancellation to the lien holder.

If **you** fail to give proof of loss within the time allowed, the lien holder may protect their interest by filing a proof of loss.

If we are required, because of this endorsement, to pay the lien holder for a loss not covered by this policy, we are subrogated to all rights of the lien holder. Our right to recover will not impair the right of the lien holder to recover the full amount of its claim. At our option, we may pay the balance due the lien holder in return for an assignment to us of the lien holder's interest, including the transfer to us of all documents and securities relating to their lien interest.

## PHYSICAL DAMAGE PLUS ENDORSEMENT - RECREATIONAL VEHICLES (Our "Genuine" Promise)

Under **Additional Benefits - Collision and Comprehensive Insurance**, the following is added:

In the event of a partial loss to *your recreational vehicle* covered by this insurance, we agree to repair *your recreational vehicle* using only parts designated as genuine, original equipment from the manufacturer of *your recreational vehicle*.

If the *partial loss* to *your recreational vehicle* involves *accessories*, and those *accessories* are declared a total loss, we will replace them without deduction for depreciation. This provision applies to *accessories* that were purchased within five years of the date of the loss. We may ask *you* to provide receipts. The most we will pay for all *optional equipment* and *accessories* is the optional equipment limit shown in the declarations.

If we declare *your recreational vehicle* to be a *total loss*, the **Limits of Payment - Collision and Comprehensive Insurance** provision of this policy applies.

For coverage provided by this endorsement:

- A *partial loss* is any covered loss not considered a *total loss*.
- A *total loss* is a loss in which the cost of repair exceeds the actual cash value of the item, less any salvage value of the item.
- *Accessories* are any *optional equipment* or mechanical alterations attached to, or a part of, the *recreational vehicle* which are not standard equipment as defined by the manufacturer of the *recreational vehicle*.

## SUBMERSION COVERAGE FOR YOUR OFF ROAD VEHICLE

The following paragraph is deleted from the **Losses Not Covered By Collision Or Comprehensive Insurance** section in your policy:

This insurance doesn't cover complete or partial submersion of *your off-road vehicle* in water or in any other liquefied substance, nor any ensuing salvage or recovery operations. The submersion must have resulted from the operation of the *off-road vehicle*. This insurance does not cover any salvage or recovery operations for *your boat or personal watercraft*.

and the following is added to the **Additional Benefits - Collision and Comprehensive Insurance** section:

We'll pay for loss or damage caused by complete or partial submersion of *your off-road vehicle* in water or in any other liquefied substance. We'll also pay up to \$2,500 for costs *you* actually incur for any salvage or recovery operations of *your recreational vehicle*.



## Recreational Vehicle Program - Excursion Diversion Endorsement

If a premium appears in the declarations for Collision and/or Comprehensive insurance for a particular *recreational vehicle*, and a premium is shown for Excursion Diversion coverage for that *recreational vehicle*, the following section is added to the **Additional Benefits Collision and Comprehensive** section in *your* policy:

### **Coverage for Transportation, Lodging, Food, Lost Deposits and Towing**

We'll pay *you* up to \$100 a day for lodging for those days *you* extend *your* stay at *your* final destination while arrangements are being made to repair or recover *your recreational vehicle* or *recreational vehicle trailer* due to a loss covered by this policy.

We'll pay *you* up to \$100 a day for necessary, temporary lodging while arrangements are being made to repair or recover *your recreational vehicle* or *recreational vehicle trailer* damaged as a result of a *motor vehicle accident* occurring while transporting *your recreational vehicle*. We'll also pay *you* up to \$300 for towing, hauling or emergency road service if no other towing, hauling or emergency road service applies under this policy.

We'll pay *you* up to \$50 a day for *your* food.

*You* must provide us with receipts before lodging, transportation and food expenses will be reimbursed. The maximum we'll pay for the combined benefits listed above is \$400 for any one occurrence.

In addition to the limits stated above, we'll pay *you* up to \$400 for lost deposits for advance reservations at *your* final destination. However, *you* must have made every reasonable attempt to recover these deposits or cancel the reservations before any cost is actually incurred.

We'll increase the policy limit for safety apparel to \$2,000.

*You* must be more than 100 miles from *your* principal place of residence for these provisions to apply. No deductible applies.

#####

## AGENT/PRODUCER INFORMATION

[illegible]

NUMBER

[illegible]

TELEPHONE NUMBER: #####

## PLAIN TALK - RECREATIONAL VEHICLE

**DECLARATIONS PAGE - @@@@PROGRAM**

## INSURED INFORMATION

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 @@@@@@  
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!!!!!!!!!!!!!!!!!!!! ## 00000

[illegible]

## POLICY INFORMATION

**POLICY NUMBER ## 0000000000**

## POLICY PERIOD

FROM ##### TO 0000000000

CANCELLATION OCCURS ON THE ABOVE DATE AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.

ANNIVERSARY DATE: \*\*\*\*\*

TRANSACTION EFFECTIVE DATE: ! ! ! ! ! ! ! !

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044

## RATING INFORMATION

## VEHICLE INFORMATION

| NO. | VEHICLE TYPE | YEAR | MAKE AND MODEL | CCs  | SYM | VIN / SERIAL NUMBER | TERR | PRICR<br>DAMG | OPER<br>RATED | COST<br>NEW |
|-----|--------------|------|----------------|------|-----|---------------------|------|---------------|---------------|-------------|
| !!  | #####        | 00   | #####          | #### | 00  | #####               | !!!  | ###           | 00            | #####       |
| !!  | #####        | 00   | #####          | #### | 00  | #####               | !!!  | ###           | 00            | #####       |
| !!  | #####        | 00   | #####          | #### | 00  | #####               | !!!  | ###           | 00            | #####       |

**POLICY  
ADJUSTMENTS:**

[illegible]

## OPERATOR INFORMATION

[illegible][illegible]

## NOTICE OF CANCELLATION

**Cancellation Effective Date:**

at 12:01 A.M.

#####

**Policy Number****Date Of Notice**

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Agent

[illegible]

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## VEHICLES

| VEH | MAKE | MODEL | VEHICLE ID NO. | CC   |
|-----|------|-------|----------------|------|
|     |      | ##### |                |      |
|     |      |       | H  -.-!!!!!!!  | #### |
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**SEE REVERSE SIDE FOR IMPORTANT INFORMATION**







# Dairyland Insurance Company

Arkansas Recreational Vehicle Insurance Application  
P.O. Box 8034, Stevens Point, WI 54481-8034

|       |               |
|-------|---------------|
| AR    |               |
| State | Policy Number |

Agent Number: 0000000

Agent Name:

Address:

Agency Phone:

Agency Customer ID:

1. Coverage to be Effective: 01/01/2008 11:15 AM

Term: no months

2. Named Insured:

County:

Home Phone:

Business Phone:

Expiration date of prior insurance:

Mandatory Insurance Waiver Reason:

Occupation:

Employer:

City:

>>>COMPANY USE ONLY - PCOV: N VEH: 3 DRV: 4 RMOD: N PFNC: N INS SCR: N

Alternate Garage:

| Veh | City | Zip |
|-----|------|-----|
| 1   |      |     |
| 2   |      |     |
| 3   |      |     |

Titled Owner:

| Veh | Titled Owner Name |
|-----|-------------------|
| 1   |                   |
| 2   |                   |
| 3   |                   |

### 3. Description of Recreational Vehicle or Recreational Vehicle Trailer:

| Veh       | Type | Year | Make            | Model | VIN/<br>Serial Number | CCs | Syn                        | Terr | Perf<br>Mod | Lien | Oper<br>Rated | Veh<br>Insp |
|-----------|------|------|-----------------|-------|-----------------------|-----|----------------------------|------|-------------|------|---------------|-------------|
| 1         | AT   | 0000 |                 |       |                       |     | 0                          | 000  | Y           | Y    | 1             | R           |
| Cost New: |      |      | Prior Damage: N |       | Purch Last 90 Days:   |     | Appl is Orig Title Holder: |      |             |      |               |             |
| 2         | AT   | 0000 |                 |       |                       |     | 0                          | 000  | N           | Y    | 1             | R           |
| Cost New: |      |      | Prior Damage: Y |       | Purch Last 90 Days:   |     | Appl is Orig Title Holder: |      |             |      |               |             |
| 3         | RT   | 0000 | TRLRR           |       |                       |     | 0                          | 000  | N           | Y    | ND            | R           |
| Cost New: |      |      | Prior Damage: N |       | Purch Last 90 Days:   |     | Appl is Orig Title Holder: |      |             |      |               |             |

| Type | Veh | Lienholder Company | Loan/Account |
|------|-----|--------------------|--------------|
|      |     |                    |              |

AR \$ 0.00

**Coverages:** Coverage is provided where a premium and limit of liability is shown for the coverage.

| Coverage                                                                                                          | Limits | Recreational                  | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|-------------------------------------------------------------------------------------------------------------------|--------|-------------------------------|-----------|-----------|-----------|
| Bodily Injury Liability                                                                                           |        |                               |           |           |           |
| Each Person/Each Accident                                                                                         |        |                               |           |           |           |
| Guest Passenger Liability                                                                                         |        |                               |           |           |           |
| Included in Bodily Injury Liability                                                                               |        |                               |           |           |           |
| Property Damage Liability                                                                                         |        |                               |           |           |           |
| Uninsured/Underinsured Operator                                                                                   |        |                               |           |           |           |
| Bodily Injury                                                                                                     |        |                               |           |           |           |
| Each Person/Each Accident                                                                                         |        |                               |           |           |           |
| Medical Expense                                                                                                   |        |                               |           |           |           |
| Comprehensive Coverage                                                                                            |        |                               |           |           |           |
| Subject to Deductible                                                                                             |        |                               |           |           |           |
| Collision Coverage                                                                                                |        |                               |           |           |           |
| Subject to Deductible                                                                                             |        |                               |           |           |           |
| Comprehensive Coverage                                                                                            |        |                               |           |           |           |
| Actual Cash Value up to Max Limit                                                                                 |        |                               |           |           |           |
| Plus Value of Optional Equipment                                                                                  |        |                               |           |           |           |
| Subject to a Deductible of                                                                                        |        |                               |           |           |           |
| Collision Coverage                                                                                                |        |                               |           |           |           |
| Actual Cash Value up to Max Limit                                                                                 |        |                               |           |           |           |
| Plus Value of Optional Equipment                                                                                  |        |                               |           |           |           |
| Subject to a Deductible of                                                                                        |        |                               |           |           |           |
| Optional Equipment                                                                                                |        |                               |           |           |           |
| Physical Damage Plus                                                                                              |        |                               |           |           |           |
| Excursion Diversion                                                                                               |        |                               |           |           |           |
| Rental Reimbursement                                                                                              |        |                               |           |           |           |
| Replacement Cost                                                                                                  |        |                               |           |           |           |
| Towing and Service                                                                                                |        |                               |           |           |           |
| Each Occurrence / Per Policy Term                                                                                 |        |                               |           |           |           |
| Submersion                                                                                                        |        |                               |           |           |           |
|                                                                                                                   |        | Total by Recreational Vehicle |           |           |           |
|                                                                                                                   |        | Total Premium                 |           |           |           |
|                                                                                                                   |        | Amount Submitted              |           |           |           |
| (CNS)-When CNS appears in the limits column, the coverage was offered, but Coverage Not Selected for the vehicle. |        |                               |           |           |           |

### OPTIONAL EQUIPMENT COVERAGE

Optional Equipment refers to standard options or equipment that are normally available from the manufacturer of your recreational vehicle or recreational vehicle trailer, which have been installed by the manufacturer or are installed as the manufacturer would have installed them. It also includes options or equipment that have been specifically designed and manufactured by a company that specializes in retrofitting recreational vehicles. This includes trailers designed to be pulled behind an off-road vehicle. Removable electronic or mechanical items powered by your recreational vehicle are optional equipment while it is being operated. Options or equipment that enhance performance or which compromise the overall safety or design specifications of the recreational vehicle is not covered. The Classic Program provides no coverage for optional equipment unless disclosed on the application and a premium is charged.

### RECREATIONAL VEHICLE TRAILER COVERAGE

Physical damage coverage for recreational vehicle trailers (trailers used to transport a recreational vehicle) is available. Coverage applies to those trailers listed on the application for which a premium charge applies. To properly value the trailers, any optional equipment added after purchase needs to be declared; optional equipment included at the time of purchase should be reflected in the "cost new" value assigned to the trailer. Towing and Service and Rental Reimbursement are available for recreational vehicles and recreational vehicle trailers.

Arkansas

Policy Number: AR

**4. Operator Information:** (Anyone who will operate your recreational vehicle must be listed. If an unlicensed operator obtains their motor vehicle license, you must inform us immediately).

| Oper | Name (Last, First, MI) | Birth Date | Named Insured | Age | Sex | Marital Status | Widowed Divorced | License Status | License Number | Type of Veh Operated |
|------|------------------------|------------|---------------|-----|-----|----------------|------------------|----------------|----------------|----------------------|
| 1    | ,                      |            |               | 0   |     |                |                  | L              |                | All Terrain          |
| 2    | ,                      |            |               | 0   |     |                |                  | L              |                | All Terrain          |
| 3    | ,                      |            |               | 0   |     |                |                  | L              |                | All Terrain          |
| 4    | ,                      |            |               | 0   |     |                |                  | L              |                | All Terrain          |

**Financial Responsibility Filings:**

| Oper | State | Type | License Number | Case Number | Expiration Date | Sequence Number |
|------|-------|------|----------------|-------------|-----------------|-----------------|
|      |       |      |                |             |                 |                 |

List all motor vehicle or recreational vehicle accidents (including boats and personal watercraft) or convictions for the last 60 months for all operators:

| Oper | Date | Description |
|------|------|-------------|
|------|------|-------------|

List all motor vehicle or recreational vehicle comprehensive losses (including boats and personal watercraft) for the last 60 months for all operators:

| Oper | Date | Description |
|------|------|-------------|
|------|------|-------------|

Discounts: No Discounts Selected

**5.** Has applicant been advised that failure to disclose all accidents and convictions may jeopardize coverage or affect the policy premium? Y

Remarks:

**Additional Trailer Information:** (complete for any trailer insured)

Vehicle 3: Is this homemade:

Length: 0 Width: 0 Primary deck construction material: Other-

Body type:

Number of axles: 0 Brake system: Electric Gross Veh Weight rating: 0

Optional equipment/additional description:

Prior Damage - Describe damage/rust/missing parts/alterations:

Arkansas

Policy Number: AR

**Prior Damage:**

Vehicle 1: 0000

Recreational vehicle has no prior damage

Vehicle 2: 0000

|               |       |       |                          |                |
|---------------|-------|-------|--------------------------|----------------|
| Fender        | Front | Rear  | Fairing                  | Exhaust Pipes  |
| Saddle Bag    | Left  | Right | Windshield               |                |
| Fuel Tank     | Left  | Right | Signal Front             | Left Right     |
| Seat          | Front | Rear  | Signal Rear              | Left Right     |
| Seat Backrest | Front | Rear  | Luggage Rack/Compartment |                |
| Side Engine   | Left  | Right | Sound System             | Center Console |
| Other Damage: |       |       |                          |                |

Describe damage/rust/missing parts/alterations

Vehicle 3: 0000 TRLRR

Recreational vehicle has no prior damage

**Performance Modification:**

Vehicle 1: 0000

- **External engine changes:** N  
(i.e.: air cleaner, carburetors, exhaust and/or ignition systems)
- **Internal engine changes:** N  
Limited to replacement camshafts
- **All other internal engine changes:** N  
(Replacement/modified head(s) and/or Addition of  
stroker kit (incl. Bored/stroked cylinders)
- **Addition of turbocharger or supercharger:** N

Vehicle 2: 0000

Recreational vehicle has no performance modification

Vehicle 3: 0000 TRLRR

Recreational vehicle has no performance modification



**I FULLY UNDERSTAND AND AGREE THAT:**

No coverage can be bound unless the payment accompanying the application is for the total premium shown on the application, or in the case of an annual term, the down payment. This payment must at least meet a \$45.00 minimum premium requirement. Which is nonrefundable unless the company cancels this policy for underwriting reasons. In addition, if I cancel this policy before the end of the policy term, or if I let the policy cancel for non-payment of premium, I may incur a penalty in addition to the premium I owe for the time this policy was in force. This penalty could be substantial if I have agreed to accept a policy term for one year and the company relied on that statement to establish the policy premium. Coverage is not bound if any payment instrument is not honored due to insufficient funds.

Coverage is bound no earlier than the date and time the application is signed by both the named insured and agent. If no date is indicated on the application, coverage will be made effective on the day after the postmark, at 12:01 A.M.

This recreational vehicle policy will not provide any coverage while the recreational vehicle insured is used in organized or spontaneous competitive events unless we sanction them. Other policy restrictions apply on the use of recreational vehicles. When a physical damage loss results in settlement at actual cash value, payments will be made based on local market value of like kind and quality.

A routine inquiry may be made to obtain the motor vehicle records of any operator of the recreational vehicles being insured. We may also obtain information from previous insurance companies. Reports received may contain information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

In connection with this application for insurance, and with your approval, we may review your credit history or use a credit-based insurance score based on the information contained in that credit history. We may use a third party in connection with the development of your insurance score.

I give the company permission to obtain the reports listed above.

The following coverages are available to me under this policy and have been offered to me:

**Bodily Injury Liability and Property Damage** - covers injury or damage for which you are legally held liable.

**Guest Passenger Liability** - protects anyone occupying your recreational vehicle.

**Medical Expense Insurance** - provides limited coverage for injuries you receive in an accident.

**Uninsured/Underinsured Operator Insurance** - provides coverage when you are hit by someone who has no insurance or not enough insurance to pay for your injuries. Coverage can be restricted to accidents with motor vehicles or may cover accidents involving another recreational vehicle.

**Collision Insurance** - provides coverage for your recreational vehicle or trailer when it gets hit, hits another object or rolls over.

**Comprehensive Insurance** - covers losses not caused by a collision loss.

**Towing and Service** - reimburses costs for towing or hauling your disabled recreational vehicle or trailer.

**Rental Reimbursement** - reimburses costs if you have to rent a substitute recreational vehicle or trailer.

**Physical Damage Plus** - guarantees that original manufacturer's parts will be used in repairs.

**Excursion Diversion** - reimburses food and lodging expenses if the recreational vehicle or trailer becomes disabled more than 100 miles from home.

**Replacement Cost Coverage** - for total losses, pays for the replacement of your recreational vehicle without deduction for depreciation.

**Submersion Coverage** - provides limited coverage for salvage and recovery if your off-road vehicle ends up in a lake, swamp, etc.

**Optional Equipment Coverage** - insures most accessories added to a recreational vehicle or trailer.

All coverages or programs have been explained to me and I understand what protection they provide. If any coverage is not purchased as part of this application, when changes are made to the policy or when a policy renews, it is because I have rejected that coverage. I understand the above is only a brief summary of the coverages available and that the policy contains other provisions, exclusions or restrictions which supersede any descriptions above.

Policy Number: AR

I understand that the coverage selection and limit choices indicated will apply to all future policy renewals, continuations and changes unless I notify the company otherwise in writing.

**SIGNED:**

Named Insured: X Date            Time            AM/PM           

**By signing this application, I declare that I have reviewed this application and any attachments as completed by, or on behalf of, the insured, and that this application and any attachments have in all respects been prepared in accordance with the terms of the Dairyland Recreational Vehicle Rule Guide.**

Agent: X Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Agent Name(Please print) \_\_\_\_\_ Agent License Number \_\_\_\_\_

Notes:

**CERTAIN RULES AND RESTRICTIONS MAY APPLY TO THE OPERATION OF YOUR RECREATIONAL VEHICLE. THESE LAWS MAY PROHIBIT CERTAIN USAGE SITUATIONS, REQUIRE SPECIFIC OPERATOR SAFETY EQUIPMENT OR APPAREL, SPECIFY VEHICLE REQUIREMENTS, REGULATE OPERATOR AGE IN RELATION TO VEHICLE SIZES, REQUIRE SAFETY COURSES FOR CERTAIN OPERATORS OR PERTAIN TO REGISTRATION OF TITLING REQUIREMENT. CONSULT LOCAL AND STATE LAWS PRIOR TO VEHICLE OPERATION.**

**DAIRYLAND INSURANCE COMPANY****Arkansas Receipt**

Policy Number: AR

Date Paid: 11/15/2007

Amount Paid: \$ 0.00

Insured:

Paid by ?

Received By:

| Veh | Year | Make  | Model | VIN/Serial Number | Vehicle Type |
|-----|------|-------|-------|-------------------|--------------|
| 1   | 0000 |       |       |                   | AT           |
| 2   | 0000 |       |       |                   | AT           |
| 3   | 0000 | TRLRR |       |                   | RT           |

Effective: 01/01/2008 11:15 AM

Agent Signature: \_\_\_\_\_

**DESCRIPTION OF DAIRYLAND INFORMATION PRACTICES**

To make fair insurance decisions, it's important that we gather accurate information. Your insurance application is our primary source of information. In some cases, information about your general reputation, character, mode of living and finances will be gathered through personal interviews with employers, business associates, government units, financial institutions or references you provide. If you make a written request, we'll give you a complete and accurate account of the type of any investigation we have requested. The information contained in a report prepared for us by an outside agency may be kept by the agency and disclosed to others.

We will not release information about you to other persons or organizations without your authorization except in these instances: (1) TO OUR EMPLOYEES, AGENTS OR AFFILIATED COMPANIES ONLY WHEN NECESSARY IN THE HANDLING OF YOUR INSURANCE; (2) TO INSURANCE SUPPORT ORGANIZATIONS ESTABLISHED TO CONTROL INSURANCE CRIMES OR FRAUD; (3) TO ORGANIZATIONS NOT AFFILIATED WITH US WHEN NECESSARY TO COMPLETE YOUR INSURANCE TRANSACTIONS; (4) IF WE ARE REQUIRED TO DO SO BY STATUTE, REGULATION, SUBPOENA OR LAW ENFORCEMENT AUTHORITIES WHEN ILLEGAL ACTIVITIES ARE SUSPECTED.

If we decline an application for coverage or cancel a policy, we'll give the person(s) named in the declarations page the specific reasons for the decision. If our decision was based on an outside agency's report, we'll provide the agency's name and address.

If you have questions about information we may have about you, we will release details on the nature of information held in our records. Information contained in a report prepared by a reporting agency will be disclosed only through that agency. To get this information contact: Sentry Insurance, Office of Consumer Affairs, 1800 North Point Drive, Stevens Point, Wisconsin 54481. We'll then send our inquiry form to you to complete and return to us.

If you feel we have inaccurate information about you, you may ask that it be corrected, amended or deleted. Please send your request in writing with proper identification to the above address. We'll notify you of any action taken, or if we are unable to comply with your request. In that case, you can place a concise statement of what you believe to be correct information in our records. Then, your statement will be included in any subsequent disclosure or recorded information.

**PLEASE GIVE TO APPLICANT**

**DAIRYLAND INSURANCE COMPANY****Arkansas Receipt**

Policy Number: AR

Date Paid: 11/15/07

Amount Paid: \$ 0.00

Paid By ?

Insured:

Received By:

| Veh | Year | Make  | Model | VIN/Serial Number | Vehicle Type |
|-----|------|-------|-------|-------------------|--------------|
| 1   | 0000 |       |       |                   | AT           |
| 2   | 0000 |       |       |                   | AT           |
| 3   | 0000 | TRLRR |       |                   | RT           |

Effective: 01/01/2008 11:15 AM

**Agent Copy**

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### PLAIN TALK - RECREATIONAL VEHICLE

DECLARATIONS PAGE - @@@@PROGRAM

## INSURED INFORMATION

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TELEPHONE NUMBER:      \*\* \*\* \*\* \*\*

## AGENT/PRODUCER INFORMATION

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## POLICY INFORMATION

POLICY NUMBER ## ൧൧൧൧൧൧൧൧൧൧

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CANCELLATION OCCURS ON THE ABOVE DATE AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.

ANNIVERSARY DATE: \*\*\*\*\*

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## RATING INFORMATION

## VEHICLE INFORMATION

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### POLICY ADJUSTMENTS:

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## OPERATOR INFORMATION

[illegible]

A dense, repeating pattern of small, stylized, light blue and grey geometric shapes, resembling a textured surface or a close-up of a material. The pattern consists of numerous small, interconnected shapes that form a continuous, intricate design. The colors are a mix of light blue and grey, creating a subtle contrast. The overall effect is a complex, almost abstract texture that could be interpreted as a microscopic view of a material or a highly detailed architectural surface.

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# Dairyland Insurance Company

A Member of the Sentry Insurance Group

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## AGENT/PRODUCER INFORMATION

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NUMBER

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TELEPHONE NUMBER: \*\*\*\*\*

## PLAIN TALK - RECREATIONAL VEHICLE

DECLARATIONS PAGE - @@@@@@PROGRAM

### INSURED INFORMATION

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TELEPHONE NUMBER: \*\*\*\*\*

### POLICY INFORMATION

POLICY NUMBER ## 000000000

#### POLICY PERIOD

FROM \*\*\*\*\* TO 00000000

EXPIRATION OCCURS ON THE ABOVE DATE AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.

ANNIVERSARY DATE: \*\*\*\*\*

TRANSACTION EFFECTIVE DATE: \*\*\*\*\*

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## RATING INFORMATION

### VEHICLE INFORMATION

| NO.                 | VEHICLE TYPE | YEAR  | MAKE AND MODEL | CCs   | SYM   | VIN / SERIAL NUMBER | TERR  | PRIOR DAMG | OPER RATED | COST NEW |
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| POLICY ADJUSTMENTS: |              | ***** | *****          | ***** | ***** | *****               | ***** | *****      | *****      | *****    |
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### OPERATOR INFORMATION

| NO. | NAME  | CLASS AGE | DOB      | SEX | MARITAL STATUS | SAFETY COURSE | TYPE OF VEHICLE OPERATED | FINANCIAL RESPNS | EXCL OPER |
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## VEH/OPER POLICY ENDORSEMENTS

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| VEH | NAME | ADDRESS | CITY | STATE | ZIP | COMPANY |
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## OPERATOR

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### AGENT/PRODUCER INFORMATION

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TELEPHONE NUMBER: #####

## PLAIN TALK - RECREATIONAL VEHICLE

## DECLARATIONS PAGE - @@@@PROGRAM

## INSURED INFORMATION

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## POLICY INFORMATION

POLICY NUMBER ## 0000000000

**POLICY PERIOD**

FROM ##### TO 00000000

EXPIRATION OCCURS ON THE ABOVE DATE AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.

ANNIVERSARY DATE: \*\*\*\*\*

TRANSACTION EFFECTIVE DATE: ! ! ! ! ! ! ! !

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044

## RATING INFORMATION

## VEHICLE INFORMATION

NO.	VEHICLE TYPE	YEAR	MAKE AND MODEL	CCs	SYM	VIN / SERIAL NUMBER	TERR	PRIOR DAMG	OPERATED	COST NEW
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## OPERATOR INFORMATION

NO.	NAME	CLASS AGE	DOB	SEX	MARITAL STATUS	SAFETY COURSE	TYPE OF VEHICLE OPERATED	FINANCIAL RESPONS	EXCL OPER
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A large grid of 1000 small, identical, stylized human figures arranged in a 10x100 pattern, representing a population. Each figure is a simple black silhouette of a person standing with arms at their sides. The figures are arranged in 10 rows and 100 columns, filling the majority of the page. The figures are small and uniform in size and color, creating a dense, repetitive visual field.









<i>SERFF Tracking Number:</i>	<i>SEPX-125372244</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Dairyland Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA AR0770254F01</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0003 Recreational Vehicle</i>
<i>Product Name:</i>	<i>Dairyland Recreational Vehicle Policy</i>		
<i>Project Name/Number:</i>	<i>AR DRP Introduction/PA AR0770254F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	SEPX-125372244	State:	Arkansas
Filing Company:	Dairyland Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	PA AR0770254F01		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0003 Recreational Vehicle
Product Name:	Dairyland Recreational Vehicle Policy		
Project Name/Number:	AR DRP Introduction/PA AR0770254F01		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	01/10/2008
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**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

<b>Satisfied -Name:</b>	AR - REG 29 - CERT OF COMPLIANCE	<b>Review Status:</b>	Approved	01/10/2008
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**Comments:**

Certification of Compliance

**Attachment:**

AR - REG 29 - CERT OF COMPLIANCE.PDF

<b>Satisfied -Name:</b>	AR - FORM FILING ABSTRACT F-1	<b>Review Status:</b>	Approved	01/10/2008
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**Comments:**

Form Filing Abstract F-1

**Attachment:**

AR - FORM FILING ABSTRACT F-1.PDF

<b>Satisfied -Name:</b>	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	<b>Review Status:</b>	Approved	01/10/2008
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**Comments:**

Certificate of Compliance (Aid OC Sekf Cert (4/30/03))

**Attachment:**

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4\_30\_03)).PDF




## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Sentry Insurance Group				<b>Group NAIC #</b>	169
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Dairyland Insurance Company	WI	21164	39-1047310			

<b>5. Company Tracking Number</b>	PA AR0770254F01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Cheryl L. Kizewski 1800 North Point Drive Stevens Point WI 54481	Product Compliance/Development - Analyst	715-346-8136 Ext. 8136	715-346-6044	cheryl.kizewski@sentry.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Cheryl L. Kizewski			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	19.0 Personal Auto		
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	19.0003 Recreational Vehicle		
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>			
<b>12. Company Program Title (Marketing Title)</b>			
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
<b>14. Effective Date(s) Requested</b>	New: 01/28/2008	Renewal: 11/29/2007	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Reference Organization (if applicable)</b>			
<b>17. Reference Organization # &amp; Title</b>			
<b>18. Company's Date of Filing</b>			
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

## Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	PA AR0770254F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

November 29, 2007

We are introducing, with this filing, an entirely new recreational vehicle program to be underwritten by Dairyland Insurance Company.

The Recreational Vehicle Program is modeled after our existing motorcycle program. The program consists of a "Classic Program" rating methodology. The Classic program uses traditional rating methodologies that does not include the use of credit.

The policy has been developed to offer a wide variety of coverage to All Terrain Vehicles, trail bikes, snowmobiles, boats and personal watercraft. However, at this time, due to system limitations, we will initially write only ATV's, trail bikes and recreational vehicle trailers. This fact has been pointed out in the rate manual, as well. As we expand system capabilities, additional sections of the manual will be added to address the additional recreational vehicle types that we write.

Because of the nature of recreational vehicles and the alarming number of injuries and deaths associated with untrained and underage operators, the policy is targeted to cover those operators who can legally operate the vehicle in question. Protection is afforded to permissive operators when appropriate. Reminders that the customer should check local or state laws regulating the operation of these vehicles are prominently displayed on the application, the declarations page and billing notices.

Our research indicates that off-road vehicles are not subject to the typical insurance laws that govern motor vehicles that are licensed for road use, particularly laws associated with uninsured motorist coverage and underinsured motorist coverage. We have designed the coverage in the new program to provide maximum protection.

We have also streamlined the process by which an insured can select or reject coverage. A portion of the application not only discloses our practices with respect to obtaining consumer reports, but describes all of the coverage options that are available to the insured. A blanket statement confirms that the insured was offered the coverage, and that the coverage appearing on the declarations page are the ones that the insured selected. This avoids us having to chase selection/rejection forms and increasing limits or adding coverage when these forms are not received and increases the chance that the insured is more aware of what they are purchasing.

The forms that we are utilizing with this program are included for your review. The forms are as follows:

5480.00-800-0607	Plain Talk® Recreational Vehicle Policy
5480.00-801-0107	Replacement Cost Endorsement
5480.00-803-0107	Loss Payable Endorsement
5480.00-804-0107	Physical Damage Plus Endorsement
5840.AR-805-0108	Amendatory Endorsement
5480.00-806-0107	Submersion Coverage For Your Off Road Vehicle
5480.00-807-0107	Excursion Diversion Endorsement
5480.00-556R-1007	Long Form Cancellation
5480.00-557R-1007	Long Form Non-renewal
5480.AR-508WEB-0108	Recreational Vehicle Application
5480.00-819-0107-A1, B & C	- Cancellation Declarations Page
5480.00-819-0107-A, B & C	- Standard New Business & Renewal Declaration without counter Signature
5480.00-819-0107-A, B4, B5, B6	- Standard New Business & Renewal Declaration with counter signature.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact me.

Thank you,

Cheryl Kizewski

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PA AR0770254F01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Amendatory Endorsement - DRP - AR	5480.AR-805-0108 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Plain Talk Recreational Vehicle Policy	5480.00-800-0607 06/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Replacement Cost Endorsement	5480.00-801-0107 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Loss Payable Endorsement	5480.00-803-0107 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Physical Damage Plus Endorsement	5480.00-804-0107 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Submersion Coverage For Your Off Road Vehicle Endorsement	5480.00-806-0107 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Excursion Diversion Endorsement	5480.00-807-0107 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Cancellation Declaration Page	5480.00-819-0107-A1 01/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Long Form Cancellation	5480.00-556R-1007 10/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Nonrenewal Long Form	5480.00-557R-1007 10/07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	Recreational Vehicle Insurance Application	5480.AR- 508WEB(01/08) 01/08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**FORM FILING SCHEDULE** (cont.)

**State:** Arkansas **Company Tracking #** PA AR0770254F01 **Page** 2 **of** 2

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
12	Cancellation Declation Page	5480.00-819-0107- A1, B & C 0107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	STD NB & REN Dec Without Countersignature	5480.00-819-0107-A, B & C 0107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Std NB & Ren dec with counter signatures	5480.00-819-0107-A, B4, B5, B6 0107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Amendatory Endorsement - DRP - AR

FORM NUMBER: 5480.AR-805-0108

EDITION DATE: 0108

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 49.7, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary  
Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Plain Talk Recreational Vehicle Policy

FORM NUMBER: 5480.00-800-0607

EDITION DATE: 06/07

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 45.4, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary

Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Replacement Cost Endorsement

FORM NUMBER: 5480.00-801-0107

EDITION DATE: 01/07

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 49.9, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary  
Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)



ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Loss Payable Endorsement

FORM NUMBER: 5480.00-803-0107

EDITION DATE: 01/07

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 56.8, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary

Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Physical Damage Plus Endorsement

FORM NUMBER: 5480.00-804-0107

EDITION DATE: 01/07

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 61.8, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary

Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Submersion Coverage For Your Off Road Vehicle Endorsement

FORM NUMBER: 5480.00-806-0107

EDITION DATE: 01/07

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 49, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary

Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Excursion Diversion Endorsement

FORM NUMBER: 5480.00-807-0107

EDITION DATE: 01/07

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 47.4, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary

Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Cancellation Declaration Page

FORM NUMBER: 5480.00-819-0107-A1

EDITION DATE: 01/07

This is to certify that the above captioned property and/or  
Casualty policy form has achieved a Flesch Reading Ease Test Score of  
0, and complies with the requirements of Act 517  
of 1981, the Property and Casualty Insurance Policy Simplification  
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies  
with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary  
Title

If a policy is stored by a method other than the Flesch Reading  
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Long Form Cancellation

FORM NUMBER: 5480.00-556R-1007

EDITION DATE: 10/07

This is to certify that the above captioned property and/or  
Casualty policy form has achieved a Flesch Reading Ease Test Score of  
0 , and complies with the requirements of Act 517  
of 1981, the Property and Casualty Insurance Policy Simplification  
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies  
with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary  
Title

If a policy is stored by a method other than the Flesch Reading  
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Nonrenewal Long Form

FORM NUMBER: 5480.00-557R-1007

EDITION DATE: 10/07

This is to certify that the above captioned property and/or Casualty policy form has achieved a Flesch Reading Ease Test Score of 0, and complies with the requirements of Act 517 of 1981, the Property and Casualty Insurance Policy Simplification Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary  
Title

If a policy is stored by a method other than the Flesch Reading Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Recreational Vehicle Insurance Application

FORM NUMBER: 5480.AR-508WEB(01/08)

EDITION DATE: 01/08

This is to certify that the above captioned property and/or  
Casualty policy form has achieved a Flesch Reading Ease Test Score of  
0 , and complies with the requirements of Act 517  
of 1981, the Property and Casualty Insurance Policy Simplification  
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies  
with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary

Title

If a policy is stored by a method other than the Flesch Reading  
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)



ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Cancellation Declation Page

FORM NUMBER: 5480.00-819-0107-A1, B & C

EDITION DATE: 0107

This is to certify that the above captioned property and/or  
Casualty policy form has achieved a Flesch Reading Ease Test Score of  
0 , and complies with the requirements of Act 517  
of 1981, the Property and Casualty Insurance Policy Simplification  
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies  
with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary

Title

If a policy is stored by a method other than the Flesch Reading  
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: STD NB & REN Dec Without Countersignature

FORM NUMBER: 5480.00-819-0107-A, B & C

EDITION DATE: 0107

This is to certify that the above captioned property and/or  
Casualty policy form has achieved a Flesch Reading Ease Test Score of  
0 , and complies with the requirements of Act 517  
of 1981, the Property and Casualty Insurance Policy Simplification  
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies  
with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary  
Title

If a policy is stored by a method other than the Flesch Reading  
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

ARKANSAS INSURANCE DEPARTMENT  
PROPERTY AND CASUALTY DIVISION

RULE AND REGULATION 29  
REVISED CERTIFICATE OF COMPLIANCE

INSURER NAME AND NAIC NUMBER: Dairyland Insurance Company 169-21164

DESCRIPTION: Std NB & Ren dec with counter signatures

FORM NUMBER: 5480.00-819-0107-A, B4, B5, B6

EDITION DATE: 0107

This is to certify that the above captioned property and/or  
Casualty policy form has achieved a Flesch Reading Ease Test Score of  
0 , and complies with the requirements of Act 517  
of 1981, the Property and Casualty Insurance Policy Simplification  
Act, codified as Ark. Code Ann. §§23-80-301—23-80-308, and complies  
with Department Rule and Regulation 29.



Signature of Officer of Company

Vice President - Chief Actuary

Title

If a policy is stored by a method other than the Flesch Reading  
Ease Test, the alternate method should be explained in detail.

(Rev. 10-92)

# ARKANSAS INSURANCE DEPARTMENT

Form F-1  
Rev. 4/96

## FORM FILING ABSTRACT

### ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed \_\_\_\_\_
2. Company Name(s) Dairyland Insurance Company  
Group Name Sentry Insurance Group NAIC No. 21164 Group No. 169
3. (a) Annual Statement Line of Business Number (Page 14) 19.0  
(b) Class of Business 19.0003  
© Coverages Affected N/A
4. (a) Name of Advisory Organization, if any N/A  
(b) Affiliations with Advisory Organization: Member ( ☒ ) Subscriber ( ☐ )
5. Is this a reference filing? Yes ( ☐ ) No ( ☒ ) If yes, please provide the following:  
(a) Name of Advisory Organization (or Affiliated Company) N/A  
(b) Date of Filing N/A  
© Filing Designation Number or Description N/A

### PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?  
Yes - other than state-specific forms.
8. Is the form filed in response to or due to legislation? If so, specify legislation.  
N/A
9. Is the form in response to or due to recent court decisions? If so, give citation.  
N/A

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



**Signature**

Cheryl L. Kizewski

**Title**

715-346-8136

**Telephone Number**

**Page 2 of 2**

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
	01/28/2008	5480.AR-805-0108 0108	Amendatory Endorsement - DRP - AR
	01/28/2008	5480.00-800-0607 06/07	Plain Talk Recreational Vehicle Policy
	01/28/2008	5480.00-801-0107 01/07	Replacement Cost Endorsement
	01/28/2008	5480.00-803-0107 01/07	Loss Payable Endorsement
	01/28/2008	5480.00-804-0107 01/07	Physical Damage Plus Endorsement
	01/28/2008	5480.00-806-0107 01/07	Submersion Coverage For Your Off Road Vehicle Endorsement
	01/28/2008	5480.00-807-0107 01/07	Excursion Diversion Endorsement
	01/28/2008	5480.00-819-0107-A 01/07	Declaration Page (Front of 1st page)
	01/28/2008	5480.00-819-0107-B1 01/07	Declaration Page (Back of first page)
	01/28/2008	5480.00-819-0107-C 01/07	Declaration Page (Front of page 2)
	01/28/2008	5480.00-819-0107-A1 01/07	Cancellation Declaration Page
	01/28/2008	5480.00-556R-1007 10/07	Long Form Cancellation
	01/28/2008	5480.00-557R-1007 10/07	Nonrenewal Long Form

# ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Janet Fagan, Vice President - Chief Actuary of  
(Name) (Title of Authorized Officer)

Dairyland Insurance Company  
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) •

Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • PA AR0770254F01

Signature of Authorized Officer •

A handwritten signature in cursive script, appearing to read "Janet Fagan".

Name of Authorized Officer • Janet Fagan

Title of Authorized Officer • Vice President - Chief Actuary

Email address of Authorized Officer • [Janet.fagan@sentry.com](mailto:Janet.fagan@sentry.com)

Telephone # of Authorized Officer • 715-346-6337

Date • 11-29-2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@state.ar.us](mailto:information.pnc@state.ar.us)

<i>SERFF Tracking Number:</i>	<i>SEPX-125372244</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Dairyland Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA AR0770254F01</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0003 Recreational Vehicle</i>
<i>Product Name:</i>	<i>Dairyland Recreational Vehicle Policy</i>		
<i>Project Name/Number:</i>	<i>AR DRP Introduction/PA AR0770254F01</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Amendatory Endorsement - DRP - AR	11/29/2007	5480_AR-805-0108.PDF

## Amendatory Endorsement - Recreational Vehicle Arkansas

This endorsement modifies *your* policy as follows:

Under **Definitions**, the following is added:

**Punitive or exemplary damages** are those which are imposed to punish a wrongdoer and to deter others from similar conduct.

Under **LIABILITY INSURANCE**, the following is added under the **Those Not Protected** section:

The liability insurance of this policy doesn't apply to bodily injuries or property damage suffered by the person named on the declarations page, or to anyone who is a member of the family of the person named on the declarations page and who lives with that person.

The liability insurance of this policy doesn't apply to bodily injuries or property damage suffered by any person using the insured *recreational vehicle* with *your* permission, or to anyone who is a member of the family of that person and who lives with that person.

Under **LIABILITY INSURANCE**, the following paragraph is added to the **Bodily Injury Not Covered By This Insurance** section of the policy:

This insurance doesn't cover bodily injury resulting from *your* intentional acts.

Under **UNINSURED OPERATOR INSURANCE**, the section labeled **Those Not Protected** is replaced with the following:

### **Those Not Protected**

Anyone *occupying your recreational vehicle* while it's hired or rented to others for a charge isn't protected by this insurance. This exclusion also applies to *you*.

Anyone *occupying a recreational vehicle you* are driving while it's available for hire by the public isn't protected by this insurance. This exclusion also applies to *you*.

Anyone *occupying your recreational vehicle* when the *recreational vehicle* is operated or used in connection with any criminal activity isn't protected by this insurance. This exclusion also applies to *you*.

Anyone *occupying a recreational vehicle* owned or leased by *you* or furnished or available for *your* regular use and not insured under this insurance isn't protected by this insurance. This exclusion also applies to *you*.

Under **UNINSURED OPERATOR INSURANCE**, the following paragraph is added to the **Trust Agreement** section of the policy:

We will be entitled to recover under this section only after *you* and anyone we protect have been fully compensated for *damages*.

Under **UNINSURED OPERATOR INSURANCE**, within the **Arbitration** section, the following sentence is deleted:

The decision in writing of any two arbitrators will be binding on *you* and us, subject to the terms of this insurance.

Under **GENERAL POLICY PROVISIONS**, the following sentence is added to the **Our Right To Recover From Others** section:

We will be entitled to recovery under this section only after *you* and anyone we protect have been fully compensated for damages.

Under **GENERAL POLICY PROVISIONS**, within **Cancellation During The Policy Period** section, the paragraphs labeled "Cancellation For Other Reasons" are replaced with the following:



#### Cancellation For Other Reasons

We have 60 days from the effective date of the policy, if it is not a renewal or continuation policy, to take action to cancel for any reason. We must notify the person named in the declarations at least 20 days before the date cancellation takes effect.

After a new policy has been in effect for 60 days or if this policy is a renewal with us, our right to cancel is limited. We may then cancel by giving the person named in the declarations at least 20 days notice before the date cancellation is to be effective.

Under **GENERAL POLICY PROVISIONS**, within the **Renewal Provision** section, the paragraph beginning with "This policy may be renewed..." is replaced with the following:

This policy may be renewed by mutual consent. When we consent to renew this policy, we will mail a renewal offer to the person named in the declarations at the address shown in the declarations, at least 30 days in advance of the renewal date. *You* must pay the renewal premium in advance, or, if *you* have selected a time payment plan, *you* must pay the required down payment in advance. *Your* policy will expire if we don't receive the required payment by the renewal date.